CHAPTER 9

Out of home care

The State’s ability to effectively parent an increasing number of children that have been removed from parental care is in doubt. There is no question that there is a need for the State to intervene in serious cases of abuse and neglect and to take such action that is necessary to protect children. But both sides of this equation have to be addressed. This means that strategies that have the potential to reduce admissions to care must be emphasised. A focus on early intervention and prevention, along with high level family support services, which are available on a continuous basis throughout a family’s child rearing years, are vital parts of this effort.  

Introduction

Out of Home Care (OOHC) includes all of the alternative accommodation arrangements that are put in place by the State in order to accommodate and care for children under 18 years of age who are assessed as no longer able to live with their parents or caretakers. The purpose of OOHC is to provide children who are unable to live at home due to significant risk of harm, with a ‘home’, that ensures their safety and healthy development. The aim is to provide quality temporary or long term care that is responsive and targeted to the individual needs of the child.

This chapter focuses on the current provisions for these children and young people in the Northern Territory while, at the same time, taking heed of the important warning above: that placement of a child or young person in OOHC is a serious decision made only when it is assessed that they are otherwise at serious risk. The chapter describes the complex and quite unique contemporary landscape of OOHC in the Northern Territory, identifies the range of services that do exist, describes the challenges in the present-day arrangements and points to the gaps and limits in care provision. The Inquiry proposes that there be radical alterations to the current system of OOHC in the Northern Territory and the recommendations capture this imperative for change.

OOHC in the Northern Territory is governed by the Care and Protection of Children Act 2007. Part 2.2 of the Act provides the legislative basis for children in the care of the Chief Executive Officer (CEO). The majority of children in the care of the CEO are placed in OOHC options. Section 12 of the Act outlines the principles in relation to Aboriginal children in care and describes the Aboriginal Child Placement Principle (ACPP) which has a vital place in the child welfare legislation in every Australian jurisdiction.

Whilst acknowledging the ‘last resort’ need to remove Aboriginal children from the care of their families if their safety is at risk, this principle emphasises, among other things, that Aboriginal children’s sense of identity and sense of culture has to be ‘enhanced and preserved’ if they are placed in any form of OOHC.653

All services providing OOHC are designed, among other things, to:

- provide a nurturing, safe environment for children and young people who can no longer remain at home
- provide a range of placement options and specialist programs;
- recruit, train and support staff and carers with specialised skills and knowledge to meet the needs of the children and young people
- have a strong placement matching and coordination component to minimise the potential for placement breakdowns
- provide care of a consistently high quality, and
- recognise the importance of stability planning for children and young people in OOHC.

Both internationally and nationally, the current emphasis in child protection, is on keeping children with their families wherever possible or reuniting them with their family as quickly as practicable once they are removed. When a child is removed from their parent’s care, the preferred placement is within the wider family or community. This kind of placement is preferable for Aboriginal children and is consistent with the Aboriginal Child Placement Principle (ACPP).654 The growing trend in Australia is to give all children the opportunity to live within their extended family if possible but if it is not viable then a non-relative placement will be sought. Reunification of a child with their family is the desired outcome but if the family is assessed as not being able to care for their child then placement stability through a permanent placement is sought.655 In the Northern Territory, $34 million was spent on out of home care services in 2008-09.656 Costs on OOHC far exceeded costs spent on child protection and intensive family support services to divert children from being placed in care. Tilbury657 also notes the imbalance in the distribution of resources towards OOHC versus supporting parents to look after their children safely at home (as described in Chapter 6).

It is important to note at the outset of this chapter that there has been a steady increase in the number of children coming into OOHC over the last ten years.658 This is consistent with data for all other jurisdictions in Australia. ABS figures for 2009 show that Aboriginal children constitute 43.3 percent of the children in the Northern Territory659 but make up...
74 percent of the population of children in care\textsuperscript{660}. This disparity has expanded steadily since 2005 and highlights for the Inquiry the need to place some emphasis in the report on the particular needs of Aboriginal children in care and their families as well as addressing the needs of the non-Aboriginal cohort of children.

Multiple reports testify to the challenges confronting OOHC services across the world as they strive to support children and families.\textsuperscript{661} Most challenges are reflected in all Australian jurisdictions and it is evident that they are amplified in the Northern Territory where small population size, geographic spread, isolated and remote communities and systemic disadvantage are just some of the vectors that compound the problems of ensuring the care and safety of children in general as well as when they are in the ‘care system’. As Bromfield et al observe in their 2009 research publication:

\begin{quote}
The policies and practices of State and Territory departments responsible for child protection influence the size and nature of the out of home care population and the approach of government to the support of both children and carers.\textsuperscript{662}
\end{quote}

The following challenges identified from research are relevant to the Northern Territory context.\textsuperscript{663} All of these challenges have been mentioned during the course of the Inquiry – some with more emphasis than others:

1. Increasing numbers of children and young people with complex care needs
2. Building enabling environments in Aboriginal families to maintain and build family connections
3. Organisational complexities in establishing OOHC to meet needs of children and families in their own geographical area
4. Problems meeting the needs of special populations of children such as those with severe behavioural or mental health problems
5. Increasing evidence of the need for the urgent development of a range of therapeutic interventions for children in care
6. The need for higher standards for OOHC placement, monitoring and reunification
7. Permanency planning for those children unable to be reunified with their parents
8. Recruitment, support and retention of high quality foster carers and kinship carers

\textsuperscript{660} Data supplied by DHF (see Chapter 5).
\textsuperscript{661} L Bromfield et al., 2005, \textit{Out-Of-Home Care in Australia: Messages from Research}, A report to the Community Services Ministers Advisory Council commissioned by the Australian Government Department of Families, Community Services and Indigenous Affairs, National Child Protection Clearinghouse, AIFS, Melbourne.
\textsuperscript{662} ibid., p.x.
9. Understanding the particular standards and demands for kinship care.

10. Increased cultural sensitivities including lack of processes in place to understand and utilise the Aboriginal Child Placement Principle

11. Increased needs for all forms of residential care

12. Tensions about funding arrangements and appropriate locations for service delivery, for example, government, not government and/or private.

Along with these challenges, the evidence is that children and young people in OOHC are not faring as well as other children. They tend to have greater psychological, emotional, behavioural and health needs which may be related to their experiences prior to entering care as well as during their time in care. On leaving care these young people tend to have less education, reduced job prospects, instability in future living arrangements and lack continuity and consistency in their lives which impacts on their ability to make a successful transition towards independence. The National Framework acknowledges the high priority that needs to be placed on developing the highest possible standards for OOHC in Australia in order to improve outcomes for these children.

For Aboriginal children the potential problems and negative outcomes of removal from family and community and placement in alternative care are additionally significant. Research and history provide rich and tragic testimonials to the failure of alternative care for Aboriginal children over many generations. It is clearly imperative for the Northern Territory Government to accept the challenge of providing early intervention and support services for Aboriginal communities and families (as described in Chapters 3 and 4). In the longer term, by implementing alternatives this will reduce the number of children removed from their families by assisting them to provide appropriate care for their children. However, for those Aboriginal children who do have to enter some form of OOHC, the stakes are high and a high quality range of OOHC services and a strong kinship care structure are essential.

**Principles for OOHC**

There is a general and reasonable assumption on the part of the community and many professionals that children who have been removed from their families and placed in the care of the state will live in safe environments and have a better chance of succeeding in life than if they had remained in their homes. Tragically, a series of government inquiries and a significant amount of research indicate that children in OOHC are often subject to further abuse and they are in fact less likely to achieve the outcomes expected.

Many jurisdictions have documented standards/principles for OOHC. The National Framework is in the process of developing national standards.

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667 Human Rights and Equal Opportunity Commission (HREOC), *'Bringing them home' report*.
Out of home care services within statutory child protection are one part of a broad and robust system for protecting children and ensuring their wellbeing.

In addition to the principles outlined in Chapter 1, the Inquiry proposes the following principles for out of home care in the Northern Territory:

1. Children have a right to be free from abuse and neglect and where parents can’t or won’t protect and care for children (even with widest possible assistance) the State needs to intervene and care for the child.

2. Out of home care placements must be determined by the needs of children not the needs of the system.

3. Such care is generally impermanent and should only be the long term plan for children if return to family of origin is assessed to be untenable.

4. Every effort must be made to retain the child in his/her family and community, return the child to their family and community if at all possible and if neither of these are possible, assist the child to maintain contact and connection with family and community or origin.

5. If children or young people need to be removed from their homes, wherever possible and practicable, they should be accommodated with extended family or community.

6. Working with children in care, their families and communities as well as the range of people involved in their OOHC requires a special range of values and skills amongst which are:
   a. The capacity to hold respect for all parties – children, their families and carers – and to manage the complexity of working with the conflict and differences that often arise between them.
   b. A strengths-based approach to working with children and families.
   c. The capacity to relate to children of all ages.
   d. The ability to assess the meaning of separation for children and families.
   e. The ability to work with children to minimise the effects of traumas they have experienced.
   f. Cultural sensitivity and competence.

7. Such a system must be accountable to specific performance standards that demonstrate defined outcomes for children, families and communities.

8. It is essential that the views and voices of these children and young people as well as adults who have experienced OOHC are included in decision making and policy development.

9. Carers are key stakeholders and partners in the system.

10. Case planning includes an Aboriginal and Torres Strait Islander perspective and takes a life course approach.
A Picture of OOHC in the Northern Territory

Although the Northern Territory shares similarities with other jurisdictions it has some distinguishing features which present it with a unique set of challenges. It is these characteristics, such as the higher percentage of Aboriginal children and young people in OOHC, the small but geographically dispersed population, the large percentage of Aboriginal people living in remote areas and the cost of providing services to remote and rural areas that impact on the Northern Territory’s capacity to meet the basic needs of its children and young people in care as well as address their therapeutic needs.

The last 10 years in Australia has seen a steady increase in the number of children removed from parents, families or primary care-givers and placed in OOHC (see Chapter 5). In the Northern Territory the number of children in OOHC has grown from 176 in 2000, to 555 by mid 2010 – an increase of almost 215 percent.668 At the end of June 2010, there were 555 children recorded in OOHC in Northern Territory, an increase of 15 percent in the year (see Figure 9.1).669 The last two years have seen an increase in numbers of over 39 percent.

Figure 9.1 Number of NT children in OOHC care 2000-2010670

These increases in the numbers of children in OOHC present unique challenges to the already stretched OOHC services in the Northern Territory. Insufficient placement capacity and options to meet the growing demand and difficulties in locating suitable placements for the high number of Aboriginal children plus the need for increased training and support for carers coping with children with complex behaviours, is undoubtedly putting severe strain on the system and its workers.

When looking at the profile of children in care in the Northern Territory, it is clear that in the last five years there has been a growth across all age groups: the 0-4 age group has increased by 50 percent; 5-9 age group by 84 percent; the 10-14 age bracket by approximately 87 percent and 15-17 year olds by 100 percent (see Table 9.1).

668 Percentages and rates are useful for comparison but should be considered carefully when in relation to small numbers.

669 Data supplied by DHF.

Table 9.1 Children in out of home care by age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>30/06/2004</th>
<th>30/06/2005</th>
<th>30/06/2006</th>
<th>30/06/2007</th>
<th>30/06/2008</th>
<th>30/06/2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>81</td>
<td>96</td>
<td>91</td>
<td>112</td>
<td>119</td>
<td>122</td>
</tr>
<tr>
<td>5-9</td>
<td>77</td>
<td>84</td>
<td>91</td>
<td>120</td>
<td>135</td>
<td>142</td>
</tr>
<tr>
<td>10-14</td>
<td>74</td>
<td>87</td>
<td>83</td>
<td>95</td>
<td>113</td>
<td>142</td>
</tr>
<tr>
<td>15-17</td>
<td>25</td>
<td>38</td>
<td>43</td>
<td>39</td>
<td>47</td>
<td>53</td>
</tr>
<tr>
<td>Total</td>
<td>257</td>
<td>305</td>
<td>308</td>
<td>366</td>
<td>414</td>
<td>459</td>
</tr>
</tbody>
</table>

Aboriginal children

The Northern Territory’s Aboriginal population comprises 67,400 people which represent approximately 30 percent of the total Northern Territory population. In contrast to other states, 81 percent of the Aboriginal population in the Northern Territory lives in remote and very remote areas.

In 2006, in all states and territories a greater proportion of the Aboriginal population were considered very disadvantaged compared to the non-Aboriginal population. The Australian Bureau of Statistics data reports that the Northern Territory is more socio-economically disadvantaged compared to most other states and territories and that 58 percent of the Aboriginal population are in the most disadvantaged quintile.

In all jurisdictions, there were higher rates of Aboriginal and Torres Strait Islander children in OOHC than non Aboriginal children. In the Northern Territory, Aboriginal children are almost 4 times more likely to be in care than non-Aboriginal children (see Table 9.2). The proportion of Aboriginal children in OOHC has steadily increased from 67 percent in June 2005 to 74 percent in June 2009.

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671 Data provided to the Inquiry by NTFC.
673 ibid.
675 ———, *Child protection Australia 2008-09*. 

325
Table 9.2 Northern Territory children in out of home care at 30 June: number and rate per 1000 children aged 0–17 years, by Indigenous status

<table>
<thead>
<tr>
<th>Children in out of home care at 30 June</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children in care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indigenous</td>
<td>218</td>
<td>247</td>
<td>268</td>
<td>281</td>
<td>358</td>
</tr>
<tr>
<td>Non-Indigenous</td>
<td>106</td>
<td>105</td>
<td>129</td>
<td>117</td>
<td>124</td>
</tr>
<tr>
<td>All children</td>
<td>324</td>
<td>352</td>
<td>397</td>
<td>398</td>
<td>482</td>
</tr>
<tr>
<td>Rate per 1000 children aged 0–17 years in population</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indigenous</td>
<td>8.9</td>
<td>10.0</td>
<td>10.8</td>
<td>11.3</td>
<td>13.2</td>
</tr>
<tr>
<td>Non-Indigenous</td>
<td>3.1</td>
<td>3.0</td>
<td>3.5</td>
<td>3.1</td>
<td>3.5</td>
</tr>
<tr>
<td>All children</td>
<td>5.5</td>
<td>5.9</td>
<td>6.4</td>
<td>6.4</td>
<td>7.7</td>
</tr>
</tbody>
</table>

It is clear that the likelihood of an Aboriginal child being in care is greater than that for their non Aboriginal counterparts. The rate of Aboriginal children in care has increased from 8.9 to 13.2 in the last five years while during the same time the rates of non Aboriginal children in care have remained relative stable.

The fact that there are large numbers of Aboriginal children in care has major policy and practical implications when considering kin and relative placements and other OOHC options for Aboriginal children.

The underlying causes of this over-representation are discussed widely in the child protection literature and research which point to:

- the legacy of past policies of the forced removal of Aboriginal children from their families
- intergenerational effects of previous separations from family and culture
- poor socio-economic status, and
- cultural differences in child-rearing practices.

All jurisdictions have adopted the Aboriginal Child Placement Principle in legislation and policy directions and compliance is assessed by the number of Aboriginal children placed with either Aboriginal caregivers or with other relatives. As described in Chapter 5, 48 percent of Aboriginal children in the Northern Territory are placed with Aboriginal carers. Only 22 percent of Aboriginal children are placed with relatives or kin. Both these statistics are low compared with most other jurisdictions.

It is worth noting that, in considering why jurisdictions often fail to place Aboriginal children in accordance with the Aboriginal Child Placement Principle, researchers have


677  Australian Institute of Health and Welfare, Child protection Australia 2006–07; Berlyn & Bromfield, ‘Child protection and Aboriginal and Torres Strait Islander children’.

pointed to a number of possible factors:

- Trauma and disadvantage associated with the stolen generation affecting many Aboriginal and Torres Strait Islander adults today to the extent that they are not able to care for children
- The unwillingness of some Aboriginal and Torres Strait Islanders to be associated with the ‘welfare’ system due to past government practices including forced removal, and
- The disproportionally high number of Aboriginal and Torres Strait Islander children compared to adults \(^679\)
- A shortage of appropriate kinship carers because of circumstances common to a number of rural and remote Aboriginal communities such as poverty, unemployment, and domestic violence
- Additional complexities of compliance and observance of traditions and practices, and
- The extended families of non-Aboriginal children may live elsewhere and moving a child interstate may not be a preferred option.

There may be limited local options for the placement of children. According to the Secretariat of National Aboriginal and Islander Child Care (SNAICC) \(^680\) with 70 percent of the Aboriginal population under the age of 30 not only will the number of children requiring OOHC escalate but at the same time placement options will decline within the Aboriginal community. Quite simply, there are fewer and fewer Aboriginal families able to provide substitute care and more and more children likely to require a placement.

Although there is a high percentage of Aboriginal children in care there is only one Aboriginal agency in Alice Springs providing residential care for 5 children in the Northern Territory. As described in Chapter 4, in the past there were Aboriginal child care agencies in both Alice Springs and Darwin providing out of home care but these have not operated for a number of years and the services they provided are now predominantly carried out by Northern Territory Families and Children (NTFC).

This observation in the submission by Danila Dilba captures the significance of the loss of an Aboriginal Child Care agency:

> Our Indigenous agencies over home would be available to provide some support. Back home we (the Department) would do a contract with the family we would say we can see that you are struggling – what support can we give to make sure we don’t have to bring your kids into care – how can your family support you and we’d do that for another 12 months and then we’d do another risk assessment and if things were better we would say fine we don’t need to bring your children into care.

The Inquiry supports a focus on placed-based child protection decision-making as

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\(^{679}\) Osborn et al., Foster families.

outlined in Chapter 11. Currently, the numbers of children removed to OOHC from any particular remote community are very small however, it may be possible to consider local (or remote regional) OOHC initiatives as have been trialled in other states. The Inquiry notes that the issue of child safe houses for communities was raised in a number of remote community consultations and this is discussed in more detail in this chapter.

Growing demand

Admissions and Discharges

The data in the previous sections confirms that the number of children in OOHC is growing, particularly the number of Aboriginal children, but it does not explain how this growth is occurring. Tilbury’s research into trends in the numbers of children in care provides a good picture of the drivers for the current demand in OOHC. What she suggests is that it is as important to look at the movements in and out of care as it is to record the numbers of children in care at any one time. Importantly, Tilbury argues that in understanding where and why growth is occurring helps to inform OOHC policy, assists in planning services and allocating funding.

Table 9.3 shows that the trend in the number of children entering OOHC is increasing while the number of children exiting is fluctuating significantly. Discharge figures are not available for the last two years but given previous years’ data combined with the growth in the actual number of children in care, it is obvious that fewer children are leaving the system than are entering it.

Table 9.3: Number of children admitted to and discharged from out of home care 2004-2009

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children admitted</td>
<td>285</td>
<td>263</td>
<td>384</td>
<td>276</td>
<td>318</td>
</tr>
<tr>
<td>Number of children discharged</td>
<td>205</td>
<td>60</td>
<td>353</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Utilising the modelling and scenario planning of Warburton, NTFC estimates that 945 children will either remain in, or move through, OOHC during 2011-2012 (Figure 9.2).

682 ibid.
684 L Warburton, 2008, A framework to create a sustainable out of home care system, Department of Health and Community Services, Northern Territory Darwin.
There is general consensus about the reasons for the increased demand for OOHC. 686 Children come into care from increasingly complex family situations associated with parental substance abuse, mental health, poverty, homelessness and family violence which have a bearing on the length of time spent in care.

There has been a steady increase in the length of time children are spending in care as Table 9.4 shows. In 2009 the majority of children (78 percent) spent less than 5 years in OOHC and 53 percent children spent up to two years in care before exiting. As at end December 2009, approximately 48 percent of children had been in care for two years or more compared with 27 percent in 2005. This is consistent with national trends for children to remain in care for longer periods of time. 687 The longer a child spends away from their family the less chance they have of being reunified.

### Table 9.4 Children in out of home care at 30 June by length of time in continuous out of home care, Northern Territory688

<table>
<thead>
<tr>
<th>Length of time in care- all children</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 month</td>
<td>36</td>
<td>30</td>
<td>148</td>
<td>262</td>
<td>26</td>
</tr>
<tr>
<td>1 to less than 6 months</td>
<td>85</td>
<td>88</td>
<td>48</td>
<td>16</td>
<td>70</td>
</tr>
<tr>
<td>6 months to less than 1 year</td>
<td>63</td>
<td>62</td>
<td>63</td>
<td>26</td>
<td>70</td>
</tr>
<tr>
<td>1 to less than 2 years</td>
<td>52</td>
<td>70</td>
<td>45</td>
<td>32</td>
<td>80</td>
</tr>
<tr>
<td>2 to less than 5 years</td>
<td>71</td>
<td>74</td>
<td>62</td>
<td>39</td>
<td>132</td>
</tr>
<tr>
<td>5 years or more</td>
<td>17</td>
<td>28</td>
<td>31</td>
<td>23</td>
<td>104</td>
</tr>
<tr>
<td>Total non-respite</td>
<td>324</td>
<td>352</td>
<td>397</td>
<td>398</td>
<td>482</td>
</tr>
</tbody>
</table>

685 ibid.
688 Steering Committee for the Review of Government Service Provision (SCRGSP), *Report on government services 2010*, 15A, 162. - Note the data for 2007 and 2008 for one month is high. No explanation is provided for this anomaly.
Types of care

The OOHCH options available to children and young people in the Northern Territory are broadly classified into a home-based and a non-home based group.

<table>
<thead>
<tr>
<th>Home Based Care</th>
<th>Non-Home Based Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>General foster care</td>
<td>General residential care</td>
</tr>
<tr>
<td>Crisis foster care</td>
<td>Specialist Care</td>
</tr>
<tr>
<td>Specific foster care/Kinship care and Family Way placements</td>
<td>Fee for Service Placements</td>
</tr>
<tr>
<td>Intensive foster care</td>
<td></td>
</tr>
</tbody>
</table>

In contrast to most other jurisdictions the Northern Territory Government manages and provides the majority of home based OOHCH services. All general and kinship carers are reportedly recruited, trained, assessed and supported by NTFC. The exception is Life Without Barriers (LWB), a service operated by a non-government agency which provides foster and respite care for children with high needs and/or disability and is grant funded by NTFC and the Aged and Disability Program (ADP). The agency recruits, assesses and trains its own carers and places children referred by the funding bodies.

There are a small number of residential services managed by non government agencies while the others are managed by NTFC. In most other jurisdictions there is greater partnering with non government and private organisations to provide OOHCH although the extent to which this happens varies.

In addition to these, although classified differently, is the therapeutic care, and the secure care model. Therapeutic care can be utilised in both home-based and non-home based care whilst secure care is always residential. At present, the Northern Territory does not have specifically therapeutic OOHCH models although the Specialist Care Program (SCP) does offer different levels of intensive support. A secure care option is under development as will be discussed later in this chapter.

Home based care

General foster care

General foster care is delivered to children and young people aged 0-17 years by NTFC registered carers in their own home. Carers are volunteers who receive a weekly allowance (subsidy) to cover the day to day costs of caring for a child. It is broadly understood that this allowance for foster carers is not sufficient and, modelling is being undertaken in an attempt to improve funding for foster care. Recommendations have been made in recent research publications that a national framework for foster care payments be developed. In some part the expectation is that this might facilitate increased capacity for recruitment.

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690 See Council of Australian Governments, Protecting children is everyone’s business, p.13.
Crisis foster care

Crisis foster care is provided for short periods of time but these carers may become general foster carers if there is a need for an extended placement.

Specific foster care

Specific foster carers are registered to provide care for a particular child with whom the carer does not have a familial relationship. These ‘specific foster carers’ are not included in the pool for general foster care placements.

Kinship placements

Kinship placements are provided by an extended family member when there has been statutory intervention and the child is on a protection order. The carers are entitled to receive a weekly care allowance as do general foster carers.

A Family Way placement

A ‘Family Way’ placement is a colloquial term used in the Northern Territory for a placement of a child with family where:

NTFC reach an unwritten agreement with a family that a child will be removed from a parent and placed with another family member. NTFC may physically transport the child to the non-parent carer. The procedures NTFC apply to this practice appear to differ depending on the region.691

A ‘Family Way’ placement is an adaptation of the Aboriginal observance of a whole of family commitment to the shared upbringing of children. In the Northern Territory it is a form of kin care which occurs where NTFC has had some form of intervention with the child and their family but when there is no long term protection order. In some instances, NTFC may have secured a short-term order for the child. It is understood by the Inquiry that family agree amongst themselves that the child should be moved from their usual carers and identify alternate care arrangements for the child within the family. Providing that the child’s needs for care and protection are met there may be no requirement to extend any provisional or temporary protection orders for the child. Financial support is available to assist in establishing the placement but it is not ongoing.

The Inquiry is aware that a number of submissions and hearings expressed concerns about both the legality and the propriety of this practice and its implications for the adequate care of children.692 Concerns were also expressed about ‘Family Way’ placements being used to remove children under provisional or temporary protection orders which are not extended and where there are ongoing child protections concerns. The Inquiry was informed that this may have happened at times and also that the process does not always include the parents in the decision making thereby creating uncertainty for them as to their ongoing role in parenting their children. This issue is explored further in Chapter 10.

691 Submission: Northern Territory Legal Aid Commission.
692 ibid.
Intensive foster care

Intensive foster care placements are available for children with more complex and higher support needs. This care is sometimes available also to sibling groups as they often require an intense level of care. Carers receive a higher level of reimbursement due to the higher support level required by the child/ren.

In addition to these placements, some children and young people are in ‘situational’ living arrangements such as boarding school, hospital, disability care services and juvenile detention facilities. Protected children who are also in juvenile detention facilities would be under dual orders.

Residential care

It is generally accepted that residential care should be used selectively for children and young people with high support needs, sibling groups, young people moving on to independent living, and children and young people following a foster placement breakdown. Although there has been a move away from the use of residential care it has again become an option with a number of authors showing new evidence that it can be an effective type of care for children with complex and severe problems.

Group home settings staffed by family care workers may be the best alternative for children and young people with challenging emotional and behavioural problems, as they provide the necessary support, structure and therapeutic intervention that is required.

General residential care

This type of care is usually provided in a group setting where paid staff work on rostered shifts to care for children and young people with significant behaviour problems, needs or attachment issues.

Specialist care

This type of care offers high support settings for children and young people with exceptionally high needs that preclude them from being placed in other models of care. This model is staffed by rostered youth workers in a property established by NTFC or by specialist carers who care for the child or young person in their own home and receive a financial package.

Fee-for-service placements

Fee-for-service placements are provided by either private (for-profit organisations) or non-government agencies who supply residential care for children with complex and extreme behaviours. These placements are established on an as-needs basis for as long

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as required and are negotiated individually. The majority are supplied by private agencies because they can respond quickly to placement requests. However, the higher cost of these placements has raised questions about whether these services result in positive outcomes for the children and young people in their care.

**Distribution of children in OOHC**

NTFC relies heavily on foster care with the majority (64 percent) of children placed in this type of care while another 22 percent are placed with kin and relatives (Figure 9.3). This reflects the NTFC policy position that home-based care, being the closest to ‘normal’ family living arrangements, is the preferred model for most children. However, it is worth noting that most other states officially have a higher percentage of children placed in home based care than the Northern Territory. In 2009 only South Australia had fewer children in this type of placement and Western Australia had similar figures to the Northern Territory. All other states had a greater use of this form of placement (SCRGSP 2010: 15A.23).

**Figure 9.3 Children by type of placement from 2001-2009**

The increasing trend towards the use of kinship and relative placements as an option for all children in care may be due to a number of factors including:

- the lack of general foster carers, for all children and young people, Aboriginal children and young people
- an awareness of the need to increase compliance with the Aboriginal Child Placement Principle
- placement within a child’s family or community can provide significant benefits for them and will, often, be the best care option
- kinship care is often a cheaper option than other forms of care such as foster or group home care.

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697 Data provided to the Inquiry by NTFC.


The percentage of Aboriginal children placed with kinship carers has increased slightly from 2006 and 2009 from 17.8 percent to 22.1 percent while the percentage of non-Aboriginal children placed with relatives increased substantially (12.4 percent to 22.6 percent). Notwithstanding this increase, in 2009 the Northern Territory had the lowest percentage of both Aboriginal children (22.1 percent) and non Aboriginal children (22.6 percent) placed in relative/kin care of all Australian states and territories (see Table 9.5).

Table 9.5 Children in out of home care placed with relatives/kin by Indigenous status, 30 June 2009\textsuperscript{700}

<table>
<thead>
<tr>
<th>Number of children</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Australia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indigenous</td>
<td>3303</td>
<td>343</td>
<td>855</td>
<td>693</td>
<td>265</td>
<td>33</td>
<td>46</td>
<td>79</td>
<td>5617</td>
</tr>
<tr>
<td>Non Indigenous</td>
<td>5317</td>
<td>1620</td>
<td>1524</td>
<td>494</td>
<td>502</td>
<td>196</td>
<td>181</td>
<td>28</td>
<td>9862</td>
</tr>
<tr>
<td>All</td>
<td>8620</td>
<td>1963</td>
<td>2379</td>
<td>1187</td>
<td>767</td>
<td>229</td>
<td>227</td>
<td>107</td>
<td>15479</td>
</tr>
</tbody>
</table>

As a proportion of all children in out of home care by Indigenous status (%)

<table>
<thead>
<tr>
<th>Indigenous</th>
<th>66.2</th>
<th>46.7</th>
<th>34.5</th>
<th>57.9</th>
<th>50.9</th>
<th>25.4</th>
<th>46.0</th>
<th>22.1</th>
<th>53.4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non Indigenous</td>
<td>52.0</td>
<td>35.6</td>
<td>33.0</td>
<td>33.3</td>
<td>33.6</td>
<td>28.9</td>
<td>45.9</td>
<td>22.6</td>
<td>41.9</td>
</tr>
<tr>
<td>All</td>
<td>56.7</td>
<td>37.2</td>
<td>33.5</td>
<td>44.3</td>
<td>38.0</td>
<td>28.3</td>
<td>46.0</td>
<td>22.2</td>
<td>45.4</td>
</tr>
</tbody>
</table>

Residential care, including family group homes, is not used to any great degree in the Northern Territory and only 4 percent of children reportedly live in this type of care arrangement (as depicted in Figure 9.3). This is not surprising given the decreased popularity of residential care for children across Australia in recent years.\textsuperscript{701} As will be discussed later, the existing data collection protocols do not actually pick up all of the young people in residential placements so the 4 percent figure is likely to be a significant undercount. To manage the increasing number of children requiring an OOHC placement NTFC has been developing its residential care program in Darwin and Alice Springs but has no residential programs in rural and remote locations at this stage.

To deal with the shortage of OOHC placements in the Northern Territory, fee-for-service providers have increasingly been utilised. It is not clear to the Inquiry whether or not this is a strategic or pragmatic solution or both. Fee for service placements are those which are purchased on an ‘as-needs’ basis from a private agency. These placements are negotiated individually for children when there are no NTFC approved placements available as well as for children with complex and extreme needs who cannot be placed in other options. Such placements incur a higher cost than grant-funded services, which are contracted for an agreed level of funding to provide a service. Currently there are over 100 children placed in fee for service placements, both residential and home-based, highlighting the pressure under which the OOHC system operates, its failure to meet demand and the escalating costs currently experienced.


\textsuperscript{701} Bath, ‘Residential care in Australia, Part 1: Service trends, the young people in care, and needs-based responses’, pp.6-17.
Capacity of home based care

The data shows that with more children remaining in care for longer periods, combined with the demand for new placements, the total number of children requiring foster care has increased but the ‘stock’ of placements is not increasing at the pace required. This is evidenced in Table 9.6 which shows a reduction in the number of general and crisis foster carers from 200 in 2006 to 160 in 2009.

Table 9.6 Places of home-based care by type

<table>
<thead>
<tr>
<th></th>
<th>End June 2006</th>
<th>End June 2007</th>
<th>End June 2008</th>
<th>End June 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>General and crisis</td>
<td>200</td>
<td>149</td>
<td>158</td>
<td>160</td>
</tr>
<tr>
<td>Specific</td>
<td>80</td>
<td>58</td>
<td>63</td>
<td>63</td>
</tr>
<tr>
<td>Specific kinship</td>
<td>65</td>
<td>52</td>
<td>47</td>
<td>59</td>
</tr>
<tr>
<td>Total</td>
<td>343</td>
<td>259</td>
<td>268</td>
<td>282</td>
</tr>
</tbody>
</table>

In the Northern Territory, the stock of general placements is decreasing, but new carer registrations have not been adequate to offset this trend (see Figure 9.4). For example, in 2007, double the number of carers left the system compared to new registrations. While this trend appears to be slowing, the number of carers is still far lower than it was in 2006.

Figure 9.4 New and ceased foster care registrations, by year

The pool of current carers, on average, do not have many years of caring experience in the Northern Territory (Figure 9.5). Sixty-five percent of foster carers have been carers for less than 2 years. Only 17 percent of carers have experience of over 5 years. Retention and stability of foster carers is essential for many reasons. The number of children in care is rising at the same time as the Department is losing the skills of a dedicated workforce of carers with their wealth of knowledge and experience. In addition, there is a loss of mentors to newer carers.

702 Data provided to the Inquiry by NTFC.
703 ibid. – Note: The type of foster placement is not available.
An internal audit\textsuperscript{705} on foster carers conducted by NTFC provides additional information about the carer pool indicating:

- 33 percent of carers were available to care for children with disabilities
- the majority of carers were approved to care for children between 1-10 years of age
- a reduced number of carers willing to care for infants (0-12 months), and
- the number of registered carers decreased as the age of the children requiring care increased.

A decline in the number of foster carers is similar to the situation in other states and territories and supported by research which ascribes this trend to:

- changes in demographic factors such as the increased number of women in the work force
- changes in government policy such as closing down residential care which increased the demand for foster carers
- increasing living costs reducing the ability of families to care for another child
- the higher level of care required by children who come from increasingly complex family situations associated with parental substance abuse, mental health and family violence.\textsuperscript{706}

In addition to the above cohort there are carers who are not part of the formal foster care system but who care for children in other child-related services and, therefore, are regarded as suitable carers for children in statutory care. Given that a number of these carers have been reportedly assessed against national standards (perhaps relating to

\textsuperscript{704} ibid.

\textsuperscript{705} Warburton, \textit{A framework to create a sustainable out of home care system}.

day care providers) by the organisation for which they work, they are often not assessed by NTFC. Those who have not had a previous accreditation with a relevant organisation should be formally assessed as carers although there are few formal review measures in place to ensure that all carers are appropriately accredited.

Family day care and private child minding agencies are examples of organisations who provide this type of care and are used when there is an ‘overflow’ of children and young people who could be placed in foster or residential care if more placements were available for children with high needs. The subsequent placements are one form of ‘fee-for-service’, and can become long-term and can at any one time constitute a significant proportion of ‘home-based care.’

Anecdotal evidence from Northern Territory staff and other stakeholders indicates that finding and maintaining placements for 4-12 years old children with high levels of emotional and behavioural disturbance is difficult. Carers attached to these agencies will often take children with moderate to high needs when requested which may be appropriate given their level of training and experience but raises the question about whether NTFC carers could also manage these children if they were trained and remunerated appropriately.

The Department reports that as of August 2010, there were 119 children in such fee-for-service arrangements.

### Capacity of residential care (non-home based)

A shortage of residential care has resulted in an increase in fee for service placements but as this has not been adequate to meet demand NTFC has established its own residential with rostered staff. The major difference between these two models is the way in which they are funded. Fee-for service residentials are paid for by NTFC with the provider being responsible for the property and employing staff. The NTFC residentials are also established on an ad hoc basis but are in properties leased by NTFC which also employs the staff. To date the young people in such arrangements have not been recorded as being in residential care, thus skewing the data on OOHC placements.

### Secure welfare

Even with these residential options there are still limited places for young people deemed to be at high risk and none for those as being at extreme risk. The Northern Territory High Risk Audit recommended the development of a small number of secure care beds, to provide temporary care to young people at extreme risk, creating a period of stabilisation in which assessment, treatment and longer-term planning can commence. Secure welfare facilities are already operational in Victoria, are under development in Western Australia and other states are considering this option. The Northern Territory Government has plans for secure services which will cater for those young people with complex behavioural and cognitive problems and who exhibit high risk, aggressive or disturbed behaviours that are likely to result in serious harm to themselves and/or others. A few high-risk young people currently in residential options may be moved to these secure facilities.

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707 Warburton, A framework to create a sustainable out of home care system.
708 Northern Territory Department of Health and Community Services, Northern Territory Community Services high risk audit: Executive summary & recommendations.
The Department has indicated that different levels of secure care are being explored. The first level is in a hospital setting (in both Alice Springs and Darwin) to provide additional capacity for patients with acute mental health issues. A briefing paper prepared by the Department states that the additional hospital beds ‘will also enable care to be provided in separate environments for young people and other people with special needs...’

A different level of secure care in secure Group Homes is also to be provided in more community settings – in both Alice Springs and Darwin – for eight young people, and eight adults, in both urban areas. Altogether, the secure care initiatives will involve close to 100 staff members.

The program as described is not what has been termed ‘secure welfare’ in other states as the services are not designed primarily for young people under the care of the CEO. Furthermore, the secure care options available for young people in Victoria and Western Australia, are not operated as mental health services although they do include involve mental health input.

The Inquiry heard from some witnesses that they were concerned about the co-location of young people and adults with high needs in a mental health, adult orientated facility. From the descriptions provided by the Department it appears that there will be a clear physical separation between young people and adults and such physical separation would need to be assured for the programs to run effectively. The community Group Houses likewise, would need to involve clear and effective physical separation because of the risks to the safety of young people. The counter-therapeutic impact on young people of being co-located with troubled adults will also need to be carefully considered in the design.

As described earlier, according to the AIHW, residential placements account for about 4 percent of all OOHC in the Northern Territory. However, a closer perusal of placement information provided by DHF reveals a much greater percentage of young people are in residential care in the Northern Territory than appears in official data. As of 9 September 2010, the Department reports that there are 56 young people in group homes, not the 28 living in such settings indicated in the end of financial year data forwarded to the Inquiry – 56 young people would actually represent around 10 percent of the OOHC total. The Inquiry is informed this discrepancy is due to data recording anomalies and to the recent creation of new residential placements.

The Inquiry has also been provided with two recent internally-commissioned reports into the functioning of residential units in both Darwin and Alice Springs. These reports raise a number of concerning issues around the resourcing of these units, the quality of the programs being offered, and a range of staffing issues. Some of these matters require urgent attention and the Inquiry understands that NTFC is currently addressing the concerns raised.

The Inquiry understands that the recent growth in residential care has occurred in response to an increase in demand with the existing home-based system unable to meet the need. This has resulted in rapid, ad hoc growth. A comprehensive review of residential service provision is needed in order to update the planning framework developed by Warburton and ensure that the rapidly developing services meet acceptable quality standards.

711 Warburton, A framework to create a sustainable out of home care system.
**Recommendation 9.1**

That Northern Territory Families and Children undertakes or commissions a comprehensive review of its residential care services with a view to addressing the serious concerns identified in recent internal reports, updating current demand trends, determining the optimal service mix, developing realistic costing models, and clarifying the role of non-government service providers. The review should also:

- consider, in particular, the demand for and approaches to the provision of out of home care for Aboriginal children in remote areas to include safe houses and multi-service approaches that have been established in other jurisdictions that provide for family support and restoration programming as well as out of home care.

- focus on issues of service quality, covering the development of policy and procedure manuals for services, clear program models, the role of care and behaviour management plans, recruitment requirements, specialist training requirements, physical plant, equipment, the supervision and support of workers, and accountability measures

- review the data recording protocols to ensure the published statistics account for all children and young people in residential care placements

- lead to a comprehensive 3-year plan around the development and management of residential care services.

**Urgency:** Immediate to less than 6 months

**Recommendation 9.2**

That Northern Territory Families and Children considers partnering with another jurisdiction in the development and implementation of its residential care plan.

**Urgency:** Within 18 months

**Recommendation 9.3**

That Northern Territory Families and Children reviews the organisational structure of Out of Home Care and Alternate Care services with a view to consolidating and rationalising them into a single policy and practice entity.

**Urgency:** Within 18 months
Challenges and practice issues

The Inquiry understands that the Northern Territory has made ongoing attempts to build capacity in the system to provide for the increasing numbers of children and young people in OOHC. However, it is clear from the hearings and submissions and the data presented that the system still does not have sufficient capacity to meet current and projected growth. There is a need to build breadth and depth in the care system and this will require careful analysis, planning, realistic timeframes and adequate funding to develop.

In many ways, the challenges facing NTFC in relation to the provision of OOHC are similar to that of other jurisdictions. However, as has been outlined in previous chapters, it is very evident that the Northern Territory faces unique challenges and significant hurdles and this is certainly so with regard to OOHC provision. The following sections discuss the most significant of these challenges which need to be addressed if the Northern Territory is to provide quality services and achieve positive outcomes for the many children who are placed in OOHC.

Case management

Case management in out of home care generally applies to the activities involved in ‘assessing and managing’ the work associated with children and young people in care.\(^{712}\)

For the purposes of this discussion case management includes:

- Assessment: gathering and analysis of the available information to assist professional judgement of strengths, risks and needs
- Case planning: formulation of strategies that will achieve better outcomes, build on strengths and address the physical, emotional, educational, social, and cultural needs of the child or young person. Case plans must identify goals and tasks and have clearly identified responsibilities and timeframes
- Decision making: is the process whereby the person with the delegated responsibility for case management signs off on the plan which has been developed and endorsed by relevant staff and agencies
- Implementation: the delivery of services in accordance with the case plan
- Monitoring and review: regular feedback and periodic formal evaluation of implementation to determine whether services are effectively meeting the identified goals or whether modification or change is required.\(^{713}\)

The Care and Protection Act 2007 requires that all children have a written case plan and determines when this should be modified or reviewed. Every child in care has a Case Manager who is responsible for the case plan’s preparation, monitoring and review. Case plans:

need to be established for all children entering foster or family care placements – enabling for baselines to be established, health monitoring and review plans activated, medical needs met, referral pathways explored, social and emotional needs identified.\(^{714}\)

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712 Note that the term ‘care plan’ is used in the Act whereas NTFC refers to the same document as a case plan.
714 Submission: Confidential.
The legislation makes specific reference to Aboriginal children whose families, including kin and the wider community, should be able to participate in decisions involving their child. The benefits to the child of case planning, cultural care plans, family involvement and consultation are demonstrated in the examples from submissions to the Inquiry:

We made the arrangements together for my girl to be looked after by welfare- if they want to do something they ask for my permission first.\(^{715}\)

Because I couldn’t look after him properly I let them help me. They explained what they were going to do to the family and they said it was alright.\(^{716}\)

We need to shift our approach from finding a placement (as though it exists and we just have to keep knocking on doors until we find it) to developing a family placement by bringing families together, identifying their resources and strengths and supplementing their capacity so that we meet the child’s needs.\(^{717}\)

There were examples in many submissions where respondents commented that case planning was not attended to adequately or reviewed as regularly as required. Concern was also expressed about the lack of cultural care plans.\(^{718}\) Furthermore, on a number of occasions, the Inquiry heard that when case plans were developed and endorsed they are not routinely shared with carers. The Inquiry is of the view that carers should be consulted when care plans are being developed. It is critical for carers, whether they are foster, kinship or residential care staff, to have the child’s case and cultural care plan so that everyone is informed about the needs of the child, how these are going to be met and their role in implementation.\(^{719}\)

Concern was also expressed that ongoing monitoring of children does not occur monthly as specified in the NTFC Policy and Procedures Manual (NTFC Manual)\(^{720}\) and it is an issue that has been extensively canvassed in the High Risk Audit\(^{721}\) and the recent Coroner’s findings\(^{722}\). There can be practical difficulties complying with this standard especially when children live in rural and remote areas and NTFC is based only in major centres. However, this is an important standard because it contributes to ensuring the child’s well-being and safety. The possibility of NTFC joining with other services that have contact with the child regularly, such as the school or health centre, should be explored. These services could visit or sight the child regularly in the course of their everyday activity.

For Aboriginal children, another option is to review the roles played by the Aboriginal Community Workers, who are part of NTFC, and the recently appointed Remote Aboriginal Community and Family Workers, funded by the Australian Government. The latter are based in remote communities to undertake family support work arising from statutory interventions. With their knowledge of communities and families these two groups of staff could play a significant role in the monitoring and review of placements.

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\(^{715}\) Submission: Confidential NGO.

\(^{716}\) Submission: Confidential NGO.

\(^{717}\) Submission: Danila Dilba.

\(^{718}\) Submission: Confidential.

\(^{719}\) Carers at Inquiry forum, Darwin and Alice Springs.

\(^{720}\) ibid.

\(^{721}\) Northern Territory Department of Health and Community Services, *Northern Territory Community Services high risk audit: Executive summary & recommendations*.

\(^{722}\) Cavanagh, *Inquest into the death of Kalib Peter Johnston-Borrett, NTMC 006*; ———, *Melville Inquest*. 
The Inquiry understands that collaboration is an essential prerequisite for case management that results in good outcomes for children. An important part of delivering a good case management service is managing information about the child and collaborating with others who can assist in implementing the case plan. At a local health centre concerns were raised by health professionals who were unaware of the arrangements for any children being cared for in OOHC placements in their local communities and they asked how they could find out because it impacted on their work with children and their families.

In a similar vein, a teacher told the Inquiry of a situation where a young child was moved to another placement without any preparation and without informing the school. The teacher was extremely worried about the impact of this on the child who had no opportunity to say goodbye to her friends and who cried at the prospect of going to another carer. The teacher questioned why the NTFC and the Department of Education and Training ‘Joint Partnership Agreement for the Prioritisation of Services for Students in Care’ was not followed as she was willing to assist with transitioning the child if it was judged best for her. However the suddenness of the move gave no opportunity for this. This practice was common in the teacher’s experience.

The high staff turnover in most NTFC offices – described in Chapter 12 – also has a bearing on case management and relationships with children, their families and other stakeholders. It can result in a lack of continuity of service delivery and an interruption to positive working relationships as well as changes to the case plan based on the next worker’s view of the case.

**Case management and health**

Case planning has a significant legislative base. In relation to health:

> It is a legislative requirement that all children in the CEO’s care have a Case Plan that is reviewed initially at 2 months and 6 months thereafter. Identifying a child’s health needs and measures to address these needs should be documented in the Case Plan.

It is noted that it is not mandatory for every child in the Northern Territory to have their health status assessed on entering care but given that many children have poor health an assessment should be completed routinely soon after coming into care. The Royal Australasian College of Physicians have developed a Paediatric Policy for the health of children in out of home care and proposes the following strategies for effective health care of children in out of home care:

- Ensuring that physical, developmental and mental health assessments are performed on all children who enter OOHC
- Encouraging ongoing monitoring of needs by identified health care co-ordinators

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723 Submissions: Confidential; See also Chapter 11.
724 Submission: Confidential.
725 Submission: Confidential.
Ensuring appropriate timely access to therapeutic services
Developing a transferable health record system
Improving training and support for foster carers
Coordinating a health care centred approach between all agencies involved with this group of children, including Community Services and Education
Encouraging governments to adequately fund the implementation of the suggested recommendations, and
Collecting aggregated data and ensuring evaluation of programs

Submissions also stressed the importance of assessing and monitoring the health needs of children and the necessity of providing regular follow up when they have been assessed and are receiving treatment.

Families and Children must take responsibility for ensuring that the health care of children is coordinated as they move between home care and out of home care or between different care placements. The Department also has a responsibility to ensure that children in care receive comprehensive health assessments and that the health problems identified are managed in a coordinated way. This may require health professionals located within the agency to coordinate the care of children as they move through the system. Carers must also be provided with relevant health information.

Many comments were made during hearings about case planning in relation to the hospitalisation of children – particularly when children are left in hospital, presumably because there is no suitable placement available. The Inquiry did not receive specific numerical data on this matter. However, hospital staff were clear that they expected that these children should be visited whilst in hospital by their NTFC caseworker; the hospital should be made aware of the name of the child’s guardian; and that hospital staff should be informed of plans for the child’s placement elsewhere. All these suggestions fit with generally accepted good case practice but may be hard to implement given the staff shortages in NTFC.

The Inquiry also recognises that a shortage of placements puts pressures on already stretched workers and on the OOHC system and ‘decisions in regard to placements are often made in terms of availability and expediency rather than based on best practice principles.’ It is clear that an increase in emergency placements is required, not just for children left in hospital but for others where removal happens quickly and without time to plan an alternative placement. Although it may be preferable for these placements to be in the homes of foster carers, NTFC should also consider small group homes for such a purpose.

729 Submissions: Confidential, Central Australian Aboriginal Congress, Confidential.
730 Submission: Central Australian Aboriginal Congress.
731 Submission: AMSANT.
732 Submissions: Roger and Kathleen Wileman, Confidential.
733 Submission: Dr Clare MacVicar.
734 Submission: Confidential.
Case management and education

With the aim of improving educational outcomes for children in care an agreement was signed in 2007 between the Department of Education (DET) and NTFC. The Joint Partnership Agreement for the Prioritisation of Services for Students in Care sets out how NTFC and DET will work together collaboratively to deliver services to children in the care of the CEO.

The Inquiry suggests that this Agreement requires stringent monitoring and that DET requires a designated work unit dedicated to working with NTFC to ensure better outcomes for children who are clients of both Departments.

Case management: application of policies and procedures

NTFC has adopted a clear set of policies and procedures around case planning and management of children in care and detailed guidance on case plans and cultural care plans. Clearly, from the discussion above, feedback from submissions to the Inquiry raises questions about whether these policies are being implemented in practice. There are also a number of memoranda and protocols now in place between NTFC and relevant government departments and NGOs. The aim of these procedures is to develop collaborative working relationships, provide guidelines about each others’ roles and responsibilities and ensure case plans are implemented. The Inquiry was informed that these memoranda and protocols are not always followed.735

Staff training, refresher courses, regular staff supervision and mentoring are strategies which assist staff to apply policy and procedures. Formal systems, such as exception reports, indicate when required documentation or activity has not occurred and provide another valuable accountability mechanism. The recent coronial inquiries and the ‘High Risk Audit’ recommended a wide range of strategies to ensure compliance with policy and procedures, not just in OOHC but in the wider child protection system736. DHF has not adopted the draft NTFC Supervisory policy and neither does NTFC have practice advisor position to provide leadership, mentoring, training and advice to staff. It is noted in Chapter 13 that adopting the supervision policy and creating advisor positions could greatly benefit practice in child protection and OOHC in the Northern Territory.

Alongside an improvement in monitoring of standards, an additional mechanism for setting and monitoring standards for case management and care planning would be to establish a charter of rights for children and young people in care.

The United Nation’s Convention on the Rights of the Child, ratified in 1989, spells out the specific rights of children and young people.737 All children in OOHC would benefit from a charter setting out what children and young people can expect from the people who look after and work with them while they are in care. A charter would be based on the rights that all children and young people have under the United Nations Convention on the ‘Rights of the Child’ as well as relevant Northern Territory legislation including the Care and Protection Act 2007 and the Disability Services Act 1993.

735 Submissions: Confidential, Leah Crockford and Esther Carolin.
736 See, Northern Territory Department of Health and Community Services, Northern Territory Community Services high risk audit: Executive summary & recommendations; Cavanagh, Inquest into the death of Kalib Peter Johnston-Borrett, NTMC 006; ———, Melville Inquest.
Some jurisdictions in Australia use the Looking After Children (LAC) case management framework and it is referred to in the National Standards documentation. This framework was originally developed in the UK to ensure that all key aspects of a protected child’s development (seven developmental dimensions) are attended to by case workers. Frameworks such as this provide valuable prompts for case workers and an in-built accountability mechanism to ensure that the needs of children are being addressed. There have been some concerns expressed about the cumbersome nature of some of the requirements and the applicability of some measures for Aboriginal children in care. However, given the pressures on the child protection system and the workloads of case workers, it is likely that the developmental needs of children in the system are sometimes being overlooked. The Inquiry is of the view that the Department should investigate the relevance and utility of LAC or an alternative system designed for Aboriginal children in the Northern Territory care system.

Community visitor programs

Whilst there is no consensus on a definition, a community visitor may broadly be defined as a person engaged, either paid or unpaid, to visit defined groups of vulnerable people in their place of residence, for the purpose of connecting and understanding the issues affecting them.

A number of jurisdictions in Australia have adopted some form of community visitor program for vulnerable populations and some of these are programmes for children in the care of the State. These are generally established externally to the statutory child welfare department on the understanding that ‘independence is critical’. Other jurisdictions have adopted an internal child advocacy model in which one or more people within the statutory department are responsible for child advocacy. The general purpose of whichever model is adopted includes monitoring the health and wellbeing of children and young people in OOHC and providing support and advocacy as required.

The Inquiry is of the view that a model of community visiting should be explored for children in care in the Northern Territory, an issue that is explored in Chapter 13.

Recommendation 9.4

That regular ‘refresher’ courses are held for all staff about the application of legislation, policy and procedures with respect to children in care.

Urgency: Within 18 months


740 ibid.
Recommendation 9.5
That Northern Territory Families and Children progressively adopts the Looking After Children framework (or an amended version appropriate for Aboriginal children) to provide a comprehensive case management framework for children in the care system, to help ensure their developmental needs are addressed.
Urgency: Within 18 months

Recommendation 9.6
That Northern Territory Families and Children develops a charter for children and young people in care.
Urgency: Within 18 months

Recommendation 9.7
That Northern Territory Families and Children reviews the roles played by the Aboriginal Community Workers and the recently appointed Remote Aboriginal Family and Community Workers, to assess whether they might play a more specific role in the case management and support of children in care.
Urgency: Within 18 months

Payment of carers
As noted previously, allowances or payments are made to carers to reimburse them for the direct costs of looking after the children in their care. The rates increase with the age of the child. In addition, carers may be entitled to a range of benefits funded by the Australian Government. For example, foster carers can access Family Tax Benefits and Health Care Cards for foster children in their care, regardless of means testing. All jurisdictions now have ‘an age based subsidy payment structure’ and ‘pass on CPI adjustments in some form’.741

NTFC allowances to carers are composed of:

- A standard age related carer payment
- A series of special payment rates which can apply in certain circumstances. These are discretionary expenses incurred in the care of the child and other child maintenance payments that are not considered discretionary
- Special payment rates for crisis care and a special needs payment for children with additional support needs742

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741 Communication from Australian Foster Care Association President, Bev Orr.
Foster and kinship carers and relevant stakeholders provided the Inquiry with their experiences of the allowance/payment system. Their comments highlight a complicated system defined by a diverse range of payment rates that vary depending on the age and needs of the child, the type of care provided, which body oversees the carer’s registration and whether there are other government departments or divisions involved, such as Education or Disability.

There was a consistent view that the current payment system lacks equity and that discretionary payments may be used to meet the additional costs of a particular placement but this is inconsistent and applied without clear guidelines. A related issue was the discrepancy between the rates of payment available to private or fee-for-service providers, those in the specialist care program and general foster carers. Carers and other stakeholders were unclear as to how different rates were decided and applied in practice.

The disparity in rates of payment was regarded as a possible disincentive to potential carers and it was seen to be more profitable to establish a business delivering home based child care rather than look after children in foster care. It was suggested that the disincentive could be decreased if allowances were higher and reflected the real cost of providing care to a child. It is important to note that foster care subsidy rates are an issue across all jurisdictions and that Northern Territory foster care rates are generally seen to be at least comparable if not better than those in many jurisdictions. It is clear that what inflates the costs of OOHC in the Northern Territory is the high use of ‘fee for service’ placements, which are now in excess of $8.4million per year.

Respondents to the Inquiry, in many submissions and during the carer forum, also expressed much concern about difficulties with receiving entitlements which causes undue stress and financial hardship to carers and which could put the placement at risk. It is clear from the literature that delays in paying foster care and kinship care subsidies to all families can and does cause major disruption and hardship. The financial strain is also felt when there is more than one government department involved with the same child. Many comments were received about the lack of coordination between departments and the absence of clear guidelines and memoranda about which department is responsible for which costs. Carers often have to advocate on behalf of the child to have their needs met. This was even more relevant to carers of a child with a disability because of the other agencies involved.

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743 Submissions: DHF, Confidential, Paediatric Department, Royal Darwin Hospital, and carers at Inquiry forum.
744 Submissions: Confidential, NTCOSS and carers at Inquiry forum.
745 Submissions: DHF and Confidential.
747 Data supplied by DHF.
748 Submission: CAAFLUAC.
750 Submissions: Roger and Kathleen Wileman, Confidential, NTFC worker.
751 Carers at Inquiry forum, Darwin and Alice Springs.
There were a number of issues raised in hearings about Family Way placements that included the lack of continuity of financial support for this type of care.\textsuperscript{752} Short-term financial assistance is available in a Family Way placement but there is no ongoing financial support and it is clear that the lack of ongoing assistance can jeopardise these arrangements.\textsuperscript{753} In at least one instance it was said that this had led to the removal of the child from a placement which had been assessed as being in the child’s best interest.\textsuperscript{754} NTFC does not have legislation or policy guidelines to financially support the ongoing care of children in these placements.

Recommendation 9.8
That allowances and other payments to all carers be reviewed and an ongoing process be established, that takes into account:

- that the foster care allowance should be based on the child’s level of need, their age and the location of placement
- that an additional allowance should be made to carers in remote areas in order to account for extra costs required to maintain standards
- The need for clear guidelines around the use of discretionary payments to reduce the inequitable use of this form of allowance.

Urgency: Immediate to less than 6 months

Recommendation 9.9
That a validated tool of assessment for children entering out of home care be developed and implemented which will assist with the matching of a child with a carer and will determine the rate of allowance to be paid. The assessment process must provide for review and reconsideration.

Urgency: Within 18 months

Recommendation 9.10
That kinship carers be provided with allowances at the same rate as general foster carers.

Urgency: Immediate to less than 6 months

\textsuperscript{752} Hearing: Witness 50, Submissions: Tangentyere Council, Northern Territory Legal Aid Commission, DHF.
\textsuperscript{753} Submission: CAAFLUAC, Hearing: Witness 18.
\textsuperscript{754} Hearing: Witness 21.
Recommendation 9.11
That where ‘Family Way’ arrangements are facilitated by Northern Territory Families and Children, the carers are eligible for establishment or discretionary payments and that they be assisted and connected to other financial supports available through the Commonwealth and Northern Territory Governments. The needs of the children and care providers should be assessed when the arrangement is negotiated.
Urgency: Within 18 months

Recommendation 9.12
That a process be developed and implemented which will ensure all allowances/payments to carers are processed quickly and carers receive their entitlements promptly.
Urgency: Within 18 months

Recommendation 9.13
That the development of a professional stream for home based carers, who are highly skilled and trained, be considered to provide placements for children and young people with high and complex needs.
Urgency: Within 2-3 years

Recruitment, assessment, training and support of carers
Recruiting, assessing, training and supporting foster and kinship carers are responsibilities of NTFC. The exception is the Alternate Care Program managed by a non government service which performs these functions. Registration of all carers is approved by NTFC.

Recruiting carers
Research into recruitment strategies shows that using broad-based media strategies were useful for creating an initial interest in fostering but, were less successful in converting those enquiries into actual carers. On the other hand, local promotion was more useful in building awareness and understanding in the community some of which then converted into carers. Word of mouth was regarded as a powerful strategy to recruit carers but bad publicity also had an impact and can deter potential carers.\(^{755}\)

To recruit foster carers, NTFC utilises a variety of methods such as a website, newspaper advertising, situational recruitment such as shopping centres, local networks and events such as ‘fun days’. Targeted advertising has been used for children with special and high

\(^{755}\) Bromfield et al., Out-Of-Home Care in Australia: Messages from Research.
needs or for sibling groups. Informal methods such as carers talking to their friends and networks have also proved useful.

When recruiting Aboriginal carers, research suggests that family and kinship obligations influence the tendency to provide care for children. McHugh et al note that more procedural approaches in assessing and training all carers could be intimidating to some Indigenous families and could hinder their willingness to become involved in fostering. SNAiCC suggests that if recruitment and training is well-supported, adequately funded and relevant, then it will attract Aboriginal carers. Higgins and Butler have identified training modules and tools for recruiting, training and assessing Indigenous carers which draw on the experiences of Indigenous carers and government and non government agencies across Australia.

The unique characteristics of the Northern Territory clearly can cause barriers to increasing the pool of Aboriginal foster and kinship carers. Earlier it was noted that a high percentage of Aboriginal people are in the most disadvantaged quintile and that the Northern Territory is more socio-economically disadvantaged than other states and territories.

Many of the submissions provided additional information about remote Aboriginal communities and described a combination of social, geographical and demographic factors such as the shortage, overcrowding and poor state of repair of much of the housing on communities and the logistical complexities of service delivery due to a lack of supportive basic physical infrastructure. For example, a number of remote communities in the Top End have no road access in the wet season.

An important demographic factor is the continuation of relatively high fertility and adult mortality leading to a perpetually youthful age profile with large numbers of children and young adults. This means that the older population is not being replaced as the younger population increases: there are fewer adults able to take care of the younger ones.

In relation to recruitment, there is a key distinction between kinship and general carers. Kinship carers are not recruited in the same way as general or non-relative carers but are asked to care for specific children immediately with whom they have a pre-existing relationship. Foster carers, on the other hand are recruited, assessed and trained prior to having a child previously unknown to them placed in their care. Due to the different

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756 N Richardson et al., 2005, The recruitment, retention, and support of Aboriginal and Torres Strait Islander foster carers: A Literature Review, A report to the Australian Council of Children and Parenting commissioned by the Australian Government Department of Family and Community Services, National Child Protection Clearinghouse, Melbourne.


758 Secretariat of National Aboriginal and Islander Child Care, Achieving stable and culturally strong out of Home Care for Aboriginal and Torres Strait Islander children.

759 Higgins & Butler, Promising practices in OOHC for ATSI carers, children and young people #2.

760 See Chapter 2.

761 Submissions: Confidential and Hannah Moran.

762 Submissions: NTFC Workforce Development Unit, Confidential and CAAFLUAC.

763 Submissions: Confidential and NTFC worker.

764 Submission: Jane Vadiveloo.

765 Richardson et al., The recruitment, retention, and support of Aboriginal and Torres Strait Islander foster carers: A Literature Review.
nature of kinship placements there tends to be less thorough assessments than general foster carers and less stringent monitoring of placements.\(^{766}\) This is a matter of some concern to the Inquiry and is addressed in recommendations below.

### Training and support

The NTFC Manual stipulates that training is offered to all potential carers: \(^{767}\) policy states that this training is mandatory before a child is placed. In these documents it is affirmed that all carers should receive generic induction training based on ‘Our Carers for our Kids’ which is a training package used with permission of the Department of Community Services (DoCS), NSW. Training in mandatory reporting and cultural awareness are also part of the induction. It is very clear from submissions and hearings that although training is supposed to be completed prior to a child being placed this does not always happen - due in large part to a shortage of staff alongside the urgency of placements. The comments below express just some of the concerns from carers that were heard by the Inquiry:

> there is hardly any training for us. We only saw one person sent from Darwin for one couple of hour session. This is totally inadequate.\(^ {768}\)

> people are reluctant to put their hand up to become foster carers, thinking they’re going to be thrown in the deep end, and to a certain extent they are right. There is an urgent need for foster carer training in this region.\(^ {769}\)

> I was a foster carer for 8 months before training was offered. Whilst the training provided was excellent, upskilled me and was a useful reference, it must be provided more timely.\(^ {770}\)

> Compulsory, comprehensive training needs to be introduced for all foster carers including Departmental, kinship and purchased placements.\(^ {771}\)

Although NTFC policy states that assessment and training are compulsory the pressure of requiring a place of care means that placement may occur before this process is completed.\(^ {772}\) There are a number of inherent risks in this situation, a major one being the possible damage to a child if anything critical occurs while the child is in care. As well, foster carers who are not adequately prepared and skilled are less likely to understand the needs of the child in their care and this may result in placement breakdown which is clearly a negative outcome for the child and on some occasions has meant that the carer has withdrawn their services as a carer, depleting the pool further.

There are a range of factors which lead carers to become disheartened and leave the system or indeed be reluctant to join in the first place. The Inquiry heard from a large

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766 Mackiewicz, To examine and compare program elements that achieve positive outcomes for children placed with relatives or kin as a result of child protection intervention.


768 Submission: Marie Durand-Mugnier.

769 ibid.

770 Submission: Tracy Brand.

771 Submission: NTFC Care and Protection Training and Development Working Group.

772 Submissions: Richard Garling, Hannah Moran and Confidential.
number of carers, both general and kin, as well as NTFC and other agencies with whom
carers have contact. A clear theme is the lack of support and respect carers feel that they
receive from NTFC staff as well as the problems in dealing with bureaucratic systems
which they believe do not meet their needs or those of the children they look after.
Examples given include why approvals for birthday parties are not given on time and why
a carer cannot approve a school excursion. Whilst, many foster carers were distressed by
the difficulties they experienced, they also expressed praise for many OOHC staff who,
they were aware, were working in an unsustainable and stretched system.

Other matters raised by carers relate to support. Numerous comments were made that
carers feel they are regarded by NTFC staff as a nuisance if they ‘push’ for items that the
child needs, such as equipment. Some also feel unable to talk to their caseworker if they
are stressed because they believe they will be seen as unsuitable and risk losing their
foster children, or seen as troublemakers. 773

According to multiple submissions, as well as carers during the Inquiry forum in both
Darwin and Alice Springs, carers also feel uninvolved and unsupported at times in the
way placement decisions and transition-to-home decisions are made.

At times carers have complained that children have been removed quickly and
unprofessionally without the carer being able to talk through the process with
the child. By doing this it damages the child as well as making carers fed up with
the system, therefore many good carers leave. 774

Carers also reported mismanagement by workers of the carer’s relationship and feelings
for the child. An example given was that of a carer being told by NTFC staff that they had
become too attached to the child and that this was not the intention of a foster care
placement. 775 This issue represents an ongoing tension in foster care that is in no way
peculiar to Northern Territory: the willingness to take a child into a family and care for
them as their own but to keep a ‘professional distance’ at the same time.

Having raised some of their concerns respondents also had the following suggestions
about how to increase support to carers:

• Ensure carers receive training and are thoroughly assessed
• Ensure that carers receive ongoing support, such as regular contact with
caseworkers not just when there is a problem 776
• Caseworkers should respond to contact made by carers 777
• Carers should be involved in case conferences and planning 778
• Other indirect ways of helping carers such as discount petrol cards 779

773 Carers at Inquiry forum - Alice Springs.
774 Submission: Renee Allison.
775 Submission: Foster Carer.
776 Hearing: Witness 24 and Carers at Inquiry forum, Darwin and Alice Springs.
777 Carers at Inquiry forum, Darwin and Alice Springs.
778 Submissions: Jennifer Milne, Roger and Kathleen Wileman and Confidential and Carers at Inquiry forum,
Darwin and Alice Springs.
779 Carers at Inquiry forum.
Respite for general and kinship carers considered to be a major form of support but the information provided to the Inquiry is that it is provided in an ad hoc manner\textsuperscript{780} and provided when the carer is at ‘breaking point’.\textsuperscript{781} A provision for respite is referred to in the NTFC Manual\textsuperscript{782} but there is no guidance as to when and how this type of care can be utilised.

Flexible respite care including being able to fast track the approval of family respite carers would greatly enhance placement stability and improve outcomes for children in out of home care.\textsuperscript{783}

Foster carers are supported by Foster Care NT an organisation which, like its sister organisations in all jurisdictions, is set up to assist carers. It is involved at a national level with other state and territory groups working towards better outcomes for children in foster care. A similar or a combined group for kinship carers was suggested as an idea:

The nature of kinship care is that families have had little or no time to orient themselves to the OOHC system. Providing a well-resourced community based kinship carers’ support service would ensure they can access the information and support they need to assist them in their new role. This could include checking with them if they have met their placement support worker, proactively checking in with them to see how they are coping and liaising with the Department on their behalf to organise respite care. This approach would enable kinship carers to focus on what’s most important – looking after the children.\textsuperscript{784}

A strong partnership between foster and kinship carers and NTFC relies on good communication, better sharing of information and support for carers in a variety of forms. A few ways to strengthen this relationship have been suggested earlier. Another useful action would be to create a charter for all carers that acknowledges their key role in caring for children and young people and sets out expectations of the carer by NTFC, and the carer’s rights and responsibilities. A charter will confirm the important role all those involved in OOHC play in the child’s life. It can also be used to determine policy, standards and procedures and for training of carers and staff.

**Recommendation 9.14**

That Northern Territory Families and Children immediately acts to address the need for a shift in culture from a focus on carers as providers to carers as partners.

Urgency: Immediate to less than 6 months

\textsuperscript{780} Submissions: Foster Carer and NTFC worker.
\textsuperscript{781} Submissions: Confidential and Tangentyere Council.
\textsuperscript{782} Northern Territory Families and Children, *Policy and Procedures Manual, Version 2.0*.
\textsuperscript{783} Submission: Danila Dilba.
\textsuperscript{784} ibid.
Recommendation 9.15
That Northern Territory Families and Children adequately funds Foster Care NT to ensure that the organisation is able to develop an effective mentoring and support role for foster carers and to assist in the provision of foster care recruitment, training and advocacy with the Department.
Urgency: Immediate to less than 6 months

Recommendation 9.16
That Northern Territory Families and Children implements measures to monitor quality of practice and decision-making based on existing guidelines (Northern Territory Families and Children Policy and Procedures Manual) for foster and kinship care.
Urgency: Within 18 months

Recommendation 9.17
That recruitment strategies continue with an emphasis on Aboriginal carers in remote and rural locations to increase the number of children remaining close to their families. Strategies such as nominating a few carers in the community to provide placements for children at short notice, should be trialled.
Urgency: Within 18 months

Recommendation 9.18
That a plan be developed around the resourcing and up-skilling of existing carers to assist with the retention of experienced carers.
Urgency: Within 18 months

Recommendation 9.19
That Northern Territory Families and Children facilitates the development of a ‘charter’ for all carers which sets out expectations, rights and responsibilities. A charter will confirm the important role all those involved in out of home care play in the child’s life. It can also be used to determine policy, standards and procedures and for training of carers and staff.
Urgency: Within 18 months
Recommendation 9.20

That portions of the Northern Territory Families and Children Policy and Procedures Manual pertaining to out of home care be available online to the public.

Urgency: Within 18 months

Standards in out of home care

The development of National Standards for Out of Home Care[^785] is an initiative of the Australian Government and a component of the project planning for the National Framework for Protecting Australia’s Children. The aim is to improve the national response for children in OOHC across all levels of government with a consistent and concerted approach by individual states and territories. As part of the Framework, these national standards are being developed which aim to ensure a level of similarity across jurisdictions thereby increasing confidence in the services children are receiving. These benchmarks will provide guidelines to governments and organisations to ensure children’s needs are met whilst in care. Discussions about implementation are being held between state and territory governments and the Australian Government. The Northern Territory Government expects plans to be finalised by the end of 2010.

NTFC standards for OOHC are articulated in two ways:

- as legislative standards prescribed by the Act, and
- as standards prescribed by NTFC.

Standards of care are documented in the NTFC Manual[^786] which informs carers, caseworkers, children and families about how the broad duties in relation to children in OOHC will be met in practice. However, these manuals do not provide details against which standards can be measured, nor can they be legally enforced. From advice provided to the Inquiry it is apparent that regulations are required to provide clear guidelines and benchmarks for general foster care, kinship care and non-home based care which can be easily understood and applied by Departmental staff, carers, service providers and other stakeholders.

As well as now being involved in the work of contributing to the National Standards for OOHC, NTFC is already working to implement recommendations from the recent Coronial Inquiries[^787] and the High Risk Client Audit[^788]. The Inquiry has been advised that NTFC has foreshadowed that it cannot currently meet the emerging COAG National Standards[^789] and it is aware that the demands and expectations related to all of the changes required requires both human and financial resources. The current level of professional and administrative staff is insufficient to achieve the desired outcomes.


[^787]: Cavanagh, *Inquest into the death of Kalib Peter Johnston-Borrett, NTMC 006; ———, Melville Inquest*.

[^788]: Northern Territory Department of Health and Community Services, *Northern Territory Community Services high risk audit: Executive summary & recommendations*.

**Recommendation 9.21**

That Northern Territory Families and Children continues with its implementation of recommendations from recent Coronial Inquests and reports on progress in its annual report.

Urgency: Immediate to less than 6 months


**Recommendation 9.22**

That Northern Territory Families and Children continues with its implementation of recommendations from the High Risk Audit and reports on progress in its annual report.

Urgency: Immediate to less than 6 months


**Recommendation 9.23**

That Northern Territory Families and Children continues to support and influence the introduction and implementation of the National Standards for Out of Home Care and reports on progress in its annual report.

Urgency: Immediate to less than 6 months


**Recommendation 9.24**

That the Northern Territory Families and Children Policy and Procedures Manual is worded to support the requirement that, unless it is demonstrably in the best interests of a child, a child who has been deemed to be in need of care should be placed in a kinship care placement rather than a ‘Family Way’ arrangement.

Urgency: Within 18 months


**Recommendation 9.25**

That clear policies and procedures be developed to guide staff about the circumstances in which informal ‘Family Way’ arrangements are acceptable and what continuing case management obligations exist.

Urgency: Within 18 months
Kinship care

Kinship Care is the special form of OOHC that recognises and ‘allows children to preserve their relationships with their family and community and to understand their place’. This part of the report acknowledges the importance of kinship care, outlines its strengths and limitations, highlights some current tensions and suggests ways to ensure that children placed in kinship care receive high standards of care. NTFC is responsible for all kinship placements as, unlike other jurisdictions, there are no NGOs managing this aspect of OOHC for children in the Northern Territory.

Across Australia there has been a growth in the use of kinship care. One more cynical explanation for this is that it is a response by government to shift financial and other responsibilities away from government to families. It has been argued that this may be because kinship care is not always remunerated at the same rate as general foster care nor are carers supported to the same extent. A more positive view is that kinship care is an important model for care of children, the value of which is being increasingly recognised and implemented in OOHC.

Outcome research, about various forms of OOHC, is not well-documented and it is not possible to draw general conclusions about the differential benefits of forms of care. Nevertheless, available evidence shows that children in kinship care:

- experience fewer placement disruptions
- are more likely to be successfully reunified with family
- maintain their biological, emotional and cultural connection with family
- children who reunify with their birth parent(s) after kinship care are less likely to re-enter foster care after reunification with their family, than those who had been in other care arrangements
- are less likely to be maltreated in care than children in non-relative foster care
- have fewer changes in schools
- have fewer behavioural problems than their counterparts placed into foster care.

The following comments from a kinship carer capture the essence of such care:

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790 Victorian Aboriginal Child Care Agency (VACCA), 2009, Cultural elements of therapeutic residential care discussion paper, VACCA, Melbourne.


793 McHugh, ‘A further perspective on kinship care: Indigenous foster care’; Bromfield & Osborn, ‘Getting the big picture’: A synopsis and critique of Australian out-of-home-care research’; Mackiewicz, To examine and compare program elements that achieve positive outcomes for children placed with relatives or kin as a result of child protection intervention.


795 Conway & Hudson, Is Kinship Care Good for Kids; Mackiewicz, To examine and compare program elements that achieve positive outcomes for children placed with relatives or kin as a result of child protection intervention; Joyce et al., ‘The lottery of systems: Ways forward for children in need – Kinship or Foster Care?’.
It was a bit hard moving around because I had ten kids to look after, but because they were my nieces and nephew - it wasn’t a hard decision for me to take them on. And because we were family there was a respect there straight away from the kids and we just all got on so well....As soon we, me and my partner, showed them what life was really about – that this is how family should be – provided them with a loving environment and they just straight away started feeling at home and happiness came back – they started looking healthy. Got them back to school and they were doing much better. 796

Although many kinship carers want to assist their family by caring for a relative’s child, they talk about a number of disadvantages which impact on the placement. These include:

- limitations to freedom
- financial hardship
- having to cope with the behaviour difficulties of children and young people
- managing contact and relationships with the children’s parents
- lack of support from child welfare agencies
- overcrowding in the home. 797

The following section on reunification draws attention to another problem with kinship care. Emerging research indicates that children placed with kin are likely to stay in this form of care significantly longer than those placed in regular foster care placements.

As indicated earlier, at the end of the 2009-10 year there were approximately 555 children placed in OOHC in the Northern Territory. 798 Only around 22 percent of these children were placed with relatives/kin, a figure that is the lowest of all Australian jurisdictions and that sits at half the Australian average of 45.4 percent. 799 It is possible that this low figure could be the result of poor practice by staff of NTFC with a lack of focus, a lack of time, or a lack of skills and knowledge in identifying extended family members who may be able to provide care for a child, but it is likely to also reflect the social devastation of some remote communities and the difficulties in finding families members that are suitable care providers.

Over the past few years there have been a number of reports that have drawn attention to the standards of care provided to protected children in some kinship care arrangements. Specific instances of very poor care standards have been described in a recent Coroner’s report into the death of a 12-year old child 800, and the High Risk Audit 801 which identified that the standard quality of care indicators for kinship care – including the assessment and registration of carers, training, supervision, visitation of children – suggest that there are much lower regulatory standards for children placed with relatives than for those
in non-relative foster placements. For example, despite clauses in the NTFC Manual\footnote{802} stating that all care providers should be subject to the same assessment/registration processes and training, in a sample of cases it was found that 62 percent of non-relative foster carers were fully registered as against 8 percent of relative carers; and 52 percent of non-relative carers had received pre-service training as against 0 percent of the relative carers.

In the course of hearings and consultations, the Inquiry heard a number of allegations regarding the standards of care for children in some kinship placements. Members of the Board of Inquiry themselves saw the very poor state of housing for Aboriginal people in a number of the remote communities they visited along with a reduced capacity by parents to provide for basic safety needs and to meet hygiene conditions for children. Clearly, it is the case that protected Aboriginal children in the Northern Territory who are placed with relatives may not be afforded the same level of safety, support and supervision than those placed in non-relative foster care.

This issue is a complex one and the Inquiry heard some conflicting opinions. On the one hand there is a strong body of opinion that there should be no differences in the standards of care provided for particular groups of protected children – given that the majority of children in kinship care in the Northern Territory are Aboriginal. The acceptance of such disparities is referred to by some as a form of racism. On the other hand there is strong opinion to the effect that it is the relationship of the child with the caregiver that should be the paramount consideration when placement decisions are being made and that issues of relationship, cultural connection and identity should override any apparent disadvantages based on the quality of housing or the safety and hygiene problems that are endemic in some remote communities, providing that the physical safety of the child can be assured.

The Inquiry supports the view that there should be no difference in the standards of care provided for different groups of protected children, a view that is implicit in legislation, the NTFC’s own OOHC guidelines, and the draft National Standards for Out of Home Care.\footnote{803} On the other hand it accepts that the placement of protected children in family settings that do not meet currently accepted standards, may, indeed, be in the best interests of some children. Moreover, many of the conditions that prevail in remote communities, including over-crowded and inadequate housing, are related to structural disadvantage and should not be the primary determinants in child placement decision-making but should feature in an assessment of safety.

To reconcile these positions, the Inquiry is of the view that NTFC should accept that there is currently a ‘standards gap’ but that it commits to addressing the disparities over a 10 year period with clear progress targets and strategies and regular reporting. For example, baseline data should be collected on all carers, including initial assessments, registration, re-registration, the provision of training, ongoing visitation of children, and should be reported on annually, with a specific focus on comparisons between different categories of care providers. NTFC should also set out minimum requirements for kinship carers which include the participation in assessments, registration and training and acceptance of the care plan for the child, especially in relation to contact arrangements with parent/s and other particular needs of the child. The requirements should also

\footnotesize{\textsuperscript{802} Northern Territory Families and Children, Policy and Procedures Manual, Version 2.0.\textsuperscript{803} Department of Families, National Standards for Out of Home Care: Final Report.}
include a commitment to ensuring that the child attends school regularly, is taken to the local health clinic on an agreed schedule, and that the carers comply with placement supervision and review processes.

Subject to all the normal safety and best interests considerations, the Inquiry is of the view that workers assessing potential kinship carers should adopt an ‘enabling’ approach such that they are prompted to actively consider what a family or parent needs to do or to have in order to provide safe care for a child. This is in contrast to a rigid, ‘tick-box’ approach which may lead to the arbitrary exclusion of some potential carers because of a lack of space, access to transport or appropriate bedding. This ‘enabling’ may, for example, range from the provision of regular respite to financial support for white goods or transport. In order for such an approach to be meaningful, strong consideration should be given to the development of a ‘support needs capacity’ through which such assistance might be provided.

To engage with potential kinship carers and to provide ongoing support, a kinship care development section/unit should be created within placement support services which includes experienced Aboriginal staff members (as recommended in a recent report on kinship care). NTFC may also be able to utilise the skills and local knowledge of its Remote Aboriginal Child and Family Workers in developing practice around Kinship care. Over time it is recommended that NTFC develop strong practice links with the emerging ACCA’s and that many of the kinship assessment and support functions are out-sourced to the local ACCA.

Finally, it is clear to the Inquiry that a dedicated kinship service could help improve implementation of the ACPP. As observed in one submission:

> the lack of adequate resources to undertake assessment of kinship care and support kinship carers in the complexity of these responsibilities is leading to increased numbers of children being placed outside of the Aboriginal Placement Principle.

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**Recommendation 9.26**

That Northern Territory Families and Children develops a detailed practice guide around kinship care recruitment, assessment, support and training that includes the ‘enabling’ principle, details of support options available to carers, and baseline requirements for all kinship/specific carers.

**Urgency: Within 18 months**

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805 Submission: Save the Children.
Recommendation 9.27
That Northern Territory Families and Children collects a range of care provider data as outlined in this Report and annually report on progress towards ‘closing the gap’ in standards of care provided for relative and non-relative care providers.
Urgency: Within 18 months

Recommendation 9.28
That Northern Territory Families and Children develops a kinship care unit to assist with the recruitment, assessment, registration, support and training of kinship and specific carers and that consideration is given to progressively outsourcing these functions to local ACCAs as their capacity is developed.
Urgency: Within 18 months

Reunification

Child protection laws empower, indeed they compel, social workers to separate children from dangerous or negligent parents. But Australia’s child protection laws are built on the presumption that separation should be temporary whenever possible and every effort must be made to reunite children with their families of origin.806

Despite the acknowledged intention of OOHC as stated above to be short term if at all possible, research indicates that for children in care there is an increasing chance they will remain in care because they are more likely to be restrained by longer term court orders. The age of the child is also a crucial factor in determining this outcome.807 This research also confirms that older children who have a higher incidence of behavioural problems will generally spend longer in care making reunification even less likely. In addition, non-Aboriginal children are more likely to be reunified than Aboriginal children.808 Research also shows that children placed with relatives will spend longer in care than those placed with foster carers.809 Analysis of data in NSW indicates that children in kinship care will spend on average 3.5 years in care compared to 1.3 years for children in foster care.810

In families where neglect is prevalent there are other risk factors that pre-empt reunification. Evidence suggests that child neglect is multi-faceted and associated not only

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808 ibid.
with poverty, but also marital status, single-parent homes, education and employment status of parents, domestic violence, mental illness, substance abuse, familial isolation, and lack of supportive resources. For Aboriginal people the impact of severe poverty, the fragmentation of traditional familial structures, and the high incidence of substance abuse, mortality, morbidity, and domestic violence contributes to the low numbers of Aboriginal children being returned to family.

The primary lesson from the research is that providing ongoing support services to birth parents reduces the need for children to come into care and reduces the time of children in care. It seems that changes in the well-being of birth parents, as opposed to improvements in child behaviour, are significant in early reunification, stressing the importance of family support services.

The experience of respondents to the Inquiry supported this research urging that supports and treatment options available to birth parents need to be emphasised in policy and practice in order to achieve positive outcomes for children. They emphasised that non-judgmental contact with family is an important part of reunification and recognised the child’s rights to maintain contact with family, have some knowledge of language and maintain a sense of identity. The following observations provide some rich emphasis to these findings:

There are more barriers to reunifying children in foster care than kinship care as the family relationships, involvement with the family and similarities with the environment are not there like they are in kinship placements.

I’d like to know where my family is.

Kids should be given the choice of whether they want to meet with their natural family.

NTFC staff struggle with the knowledge that there are children in placements who could have returned to families but remain in care because they have not had the resources or capacity to do the work they needed to do:

We have too many kids in care who should not be in care... there were kids two years ago who should have been out two years ago ... Now, we have the complexity of the family ... and they are significantly attached to their carers. How do we, morally, break that? We have two conundrums now.

812 Delfabbro et al., ‘Predictors of short-term reunification in South Australian substitute care’.
814 Hearings: Witness 32 and Witness 47.
815 Hearing: Witness 47.
816 Hearing: Witness 32.
817 Young person in care.
818 Young person in care.
819 Hearing: Witness 49.
NTFC’s policy states that reunification should be considered for all children when they enter OOHC and an assessment completed as to whether this would be in their best interest. From research we know that certain groups of children are less likely to be reunified with their birth families so need to be prioritised for reunification. This includes babies and young children, Aboriginal children and those from rural or remote areas and children who come into care for reasons of neglect. Of course, for many children these factors exist simultaneously making reunification either challenging or unrealistic: hence the need for a thorough assessment and planning process. As well, intensive family services must be accessible to parents identified for reunification so they can address the reasons their children were taken into care.

**Recommendation 9.29**
That the provision of intensive family support to prevent unnecessary placements be prioritised by the Northern Territory Government and that services are developed and funded accordingly.

Urgency: Within 18 months

**Recommendation 9.30**
That where reunification is the intended outcome, then support and therapeutic services to birth families should be provided whilst their child is in placement to enable this outcome to be realised.

Urgency: Within 18 months

**Recommendation 9.31**
That if it is clear that reunification is going to be the goal, this should be written into the case plans from the start to help determine the nature of the support services needed by the parent/s and to provide clarity and focus for the foster carers.

Urgency: Within 18 months

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821 See Chapter 6.
**Recommendation 9.32**

That if reunification is a goal of a child’s case plan and this changes for any reason, a case conference involving the child’s family must be held to discuss and formulate a new plan.

Urgency: Within 18 months

**Recommendation 9.33**

That a unit or group of staff within out of home care be created to focus on developing reunification services and strategies and to provide expert advice to work units across the Northern Territory.

Urgency: Within 18 months

**High needs children and young people**

There is a group of children and young people in care whose needs are higher than average. Barber and Delfabbro estimate that 15-20 percent of children and young people in care have significant emotional and behavioural problems which are associated with placement instability and future psychosocial harm.  

In the first national comparative study of children and young people in OOHC, Osborn and Delfabbro build on earlier research to better understand the needs of this group. The sample was sourced from South Australia, Victoria, Western Australia and Queensland but the authors believe the findings can be generalised across Australia.

In summary, the key findings suggest:

- Non Aboriginal boys are more likely to be at risk of ongoing placement disruption than any other group
- Many of the children and young people come from families which experience domestic violence, physical abuse and substance abuse, parental mental health and neglect
- Although this group is likely to suffer psychological harm from disrupted placement experiences they have already suffered irreparable damage while young and sometimes before they were born
- These children and young people have abnormally high levels of conduct disorder, difficulty relating to peers, clinical depression and anxiety
- The links between their current behavioural and emotional functioning and their past family history and placement experiences need to be understood in any therapeutic intervention

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822 Barber & Delfabbro, ‘Placement stability and the psychosocial well being of children in foster care’.

• This group receives more services and interventions than others in OOHC and there is a need for greater integration of services and ongoing commitment to addressing the entrenched psychological and social difficulties.824

When reviewing service delivery models and interventions for the high needs group, the following factors indicated positive outcomes:

• consistent, high quality and coordinated services and care
• continuity of positive relationships
• systematic therapeutic interventions
• ongoing assessments and reviews so changes can be made to interventions based on need.825

Given the poorest outcomes for children in OOHC are for those with significant trauma and abuse and complex behavioural and emotional needs, there is need for more supportive therapeutic environments which focus not only on behavioural changes but also on healing the psychological and emotional trauma they have experienced.826

These approaches typically involve a range of therapeutic interventions designed to provide structure and routine for children, the ability to regulate emotions and display empathy, as well as forge healthier relationships with other people.827

Such environments can be provided through therapeutic foster care (TFC) and therapeutic residential care (TRC).

Young people should be given time and space to think things through.828

There is agreement in the literature that for young people and children with high support needs the smaller the number living together in home-like or group homes the better the outcomes.829 The Northern Territory has a small percentage of children and young people with high needs who are placed through the Specialist Care Program (SCP). The SCP offers an intensive/therapeutically-oriented approach which provides accommodation for one or two young people with either 24 hour youth worker support or in-home with carers who receive a financial allowance package.

Despite the obvious potential benefits of young people residing in a single model of care,

826 Bath, ‘Residential care in Australia, Part 1: Service trends, the young people in care, and needs-based responses’; Delfabbro & Osborn, ‘Models of service for children in out-of-home care with significant emotional and behavioural difficulties’; Centre for Parenting and Research, ‘Models of Service Delivery and Intervention for Children and Young People with High Needs, Research to Practice Notes’.
828 Young person in care.
some NTFC staff expressed concern about the Specialist Care Program, in part, due to its cost. An option would be to examine some of the models used interstate such as in Victoria, Queensland and New South Wales and remodel or adapt these for the Northern Territory environment. At present, Victoria is evaluating its therapeutic residential services which will provide valuable information for other jurisdictions.

The Queensland child welfare department has recently signed a number of contracts across the state for therapeutic foster care and residential care models. High needs children and young people in New South Wales have filled grant-funded placements to capacity and the Department is now increasing its spending in this area by allocating additional grant-funding to non-government services.830

The Victorian Aboriginal Child Care Agency (VACCA) has prepared a discussion paper on the cultural elements of therapeutic care for Aboriginal children and young people. The paper presents a model that incorporates relevant components from evidence-based approaches found in the literature and research ‘whilst still creating a program that is based on Aboriginal knowledge and experience about what works for traumatised children and young people’.831

It is also imperative that a range of specialised counselling and other treatment services be available for children and young people with high needs who are in, or at risk of being placed into residential services including secure care, or have been discharged into less restrictive settings. These are essential components of any therapeutic care system. In documentation provided by NTFC these are referred to as ‘tier 3’ services.

A big challenge for the Northern Territory is how to deliver a range of therapeutic services for a small number of children across a geographically large jurisdiction with a scarcity of experienced workers and resources. Other states are also grappling with finding skilled therapeutic workers and given the current workforce issues this too will be a challenge for the Northern Territory.

Recommendation 9.34

That Northern Territory Families and Children develops and appropriately funds specifically therapeutic options for children and young people with high needs such as therapeutic residential care, secure care, therapeutic foster care and a range of therapeutic counselling and treatment services (including Tier 3 services).

Urgency: Within 18 months


831 Victorian Aboriginal Child Care Agency (VACCA), Cultural elements of therapeutic residential care discussion paper, p.27.
**Recommendation 9.35**

That negotiations for fee for service placements should be conducted by specialist staff within the out of home care unit in order to centralise and standardise this function to staff who have relevant knowledge and expertise.

**Urgency: Within 18 months**

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**Children with disabilities**

Children in care who have a disability are another vulnerable group requiring special attention in OOHC services. Data provided to the Inquiry by NTFC shows there are 76 children with a disability on care and protection orders with most of these in OOHC placements: 64 are Aboriginal and approximately 12 are non-Aboriginal. These children have a range of physical and intellectual disabilities with some having both. Given the limited range of options available, care arrangements for these children pose major challenges for NTFC.

When a child with a disability enters the OOHC system their level of need is determined by the Caregiver Payment Level Assessment Tool (CPLAT) which measures the level of intensity of the child’s daily care and support needs across four care domains:

- emotional and behavioural care
- physical and personal care
- auxiliary care
- facilitating community involvement.

Children with a disability are cared for in a range of ways including foster and kinship care. Those with high level needs are managed by an NGO which operates in Alice Springs and Darwin. The service is jointly funded by NTFC and Aged and Disability Program (ADP) and provides home-based care for up to 20 children and young people with high daily care and/or support needs. The service recruits, assesses and trains carers with approval being the responsibility of NTFC. Given there are approximately 76 children with a disability in OOHC (13 percent of the current total) and one NGO provides 20 places for home based care, it is assumed that the other children are in foster or kinship care or fee for service placements. There are no medium to long-term residential care services for children and young people with a disability. Respite options are extremely limited.

When considering care options for children and young people with a disability it is often impossible to provide a placement close to where the child’s family resides. This is even more apparent in the case of Aboriginal children from remote communities who have high needs and/or medical conditions because often their communities will not have the infrastructure and services to maintain them. The Inquiry heard about children taken into care because of their complex medical needs rather than care and protection issues.832

These situations can be very complex: if medical services are not available then the child will require OOHC just to have their health and medical needs met. Finding solutions to

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832 Submissions: NAAJA and Confidential.
these problems requires consultation and collaboration between relevant DHF branches and other agencies that have responsibility for health and medical services, disability and OOHC. As part of this, strategies and resources are required to assist the child’s family to equip them with the necessary skills and knowledge to deal with their child’s complex medical needs in cases where there are no other child protection concerns.

There is another pressing problem in the Northern Territory in relation to a particular cohort of children (approximately 30) who are described in the DHF communications as having ‘Ambiguous Guardianship’. These constitute Aboriginal children with ‘high needs’ and significant disabilities who are not living with their families (generally who live in remote communities), and are living in subsidised care in regional centres. Often, very early in the lives of these children, the biological parents voluntarily entered into a ‘Disability Care Agreement’ which, without shifting the parental responsibility for the child, agrees to them being cared for elsewhere.

The Inquiry was made aware that for many of these children, minimal contact has been attempted or maintained with their parents or families or communities. It is also apparent to the Inquiry that there has been an ongoing discussion between NTFC and ADP about how to clarify the continuing status, relationships and future planning for these children and that some of these discussions have become ‘bogged down’ in what has been termed ‘a silo approach’. If it has not already occurred, it is urgent that individual and thorough family, community, cultural and individual assessments are undertaken for each of these children and that resolutions are finalised as soon as possible in relation to their broader wellbeing and guardianship.

Another challenge for children with a disability and their families is the move to independent living. When these children reach 18 years of age, either the ADP or the young person’s family assume responsibility for ongoing accommodation and support of the young person. The process for transitioning these young people is likely to be managed by NTFC in collaboration with ADP using the same guidelines and principles as for others leaving care but with awareness of the affect of their disability on the process.

The NTFC Manual\textsuperscript{833} does not directly address the issue of the needs of children with a disability although mention is made in various sections. To assist staff in their practice with this group of children and to understand the impact on their families it would be useful to include specific guidance in this area.

\textsuperscript{833} Northern Territory Families and Children, \textit{Policy and Procedures Manual, Version 2.0}.
Recommendation 9.36
That in consultation with a child’s extended family and cultural advisors, all children who are recognised within the category of being under ‘Ambiguous guardianship’ are urgently and thoroughly assessed and that resolutions are finalised as soon as possible in relation to their guardianship.
Urgency: Immediate to less than 6 months

Recommendation 9.37
That there is specific guidance in the Northern Territory Families and Children Policy and Procedures Manual to issues arising in work with children who have a disability.
Urgency: Within 18 months

Recommendation 9.38
That a review be undertaken of children with a disability in out of home care focusing on the reasons for entry into this type of care and the appropriateness of Northern Territory Families and Children, rather than Aged and Disability, providing for their needs.
Urgency: Within 18 months

Interstate transfers
Interstate transfers are dealt with in the Act in Part 2.4 Transfer of Orders and Proceedings. NTFC is a party to the ‘Protocol for the Transfer of Care and Protection Orders and Proceedings and Interstate Assistance’ which provides a framework for parties to work together when children are transferred interstate or to New Zealand.

Interstate transfers occur when a decision is made for a child on a child protection order to be moved interstate for any number of reasons. By way of example, a transfer may occur because the child’s foster or kinship family is relocating interstate and it is determined that it would be in the child’s best interests to move with them. Another reason is where a child requires a placement or there has been a placement breakdown and a relative is located interstate who is willing to care for the child and it is considered that the placement will be of benefit to the child.

It is not known whether children from the Northern Territory are more likely to be subject to interstate transfers but it happens regularly and may be due in part to the transient nature of the population and the fact that many families do not have immediate or extended family living in the Northern Territory. Another possible explanation is where people come from interstate to work in the Northern Territory and then become carers.
The Inquiry heard that in some instances when the work contract is completed the carers return to their home state and apply to take their foster child with them.

One of the issues arising from interstate transfers is the length of time it takes to finalise arrangements with corresponding state counterparts. At times, other jurisdictions will not accept a placement which means that NTFC is not only supporting the placement financially but that carers and children may not be receiving the support they need. Sometimes Aboriginal children will be moved interstate or young people may move themselves interstate especially across the borders in the southern part of the Northern Territory. These placements are difficult to assess and monitor due to remoteness and accessibility.

A respondent told the Inquiry about how her grandchild was moved interstate to reside with his father with whom he had had little contact and who had reportedly showed little interest in him. The placement was unsuccessful and the extended family said they should have been involved in the original planning as they had always been very close to the child and believed they could have provided him with the care needed. The management of this case left the family, especially the grandmother, feeling ‘disregarded and disrespected’: ‘They [NTFC] didn’t listen to us’.

The Inquiry did not conduct file reviews on particular cases and is therefore not commenting on NTFC’s decision but the case emphasises the importance of family meetings or conferences especially when a decision is taken to move a child interstate and away from their family and friends.

One respondent to the Inquiry suggested that a process and rationale is required to assist NTFC staff in their decision making about transfers. It was suggested that a panel could consider interstate movements and how child protection orders are to be resolved.

The purpose of the panel would be to assess and make a recommendation to a senior NTFC staff member for approval or non approval. The panel would need to consider if a transfer is in the child’s best interests, reasons for the move, whether and how the child would benefit, contact arrangements with family in the Northern Territory after moving, and to determine the legal status of the child.

**Recommendation 9.39**

That proposals for interstate transfers be assessed by a panel in the relevant Northern Territory Families and Children office comprising at least the Interstate Liaison Officer, the caseworker and, where appropriate, family members and current foster or kinship carers.

**Urgency:** Within 18 months

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834 Submission: Confidential.

835 Submission: NTFC worker.
Allegations of abuse in care

When children are removed from their families it is because it has been determined that their care and protection needs are not being addressed adequately or are being violated. Children removed from their family and placed in the care of the CEO have a right to be placed in an environment which is safe and secure and ensures their wellbeing. Departmental staff take legal responsibility for fulfilling the CEO’s duty of care responsibilities. As well as Departmental staff, there are carers, employees and organisations approved or funded to provide OOHC services who also play an integral role in supporting NTFC staff in acquitting their duty of care obligations.

At times, allegations about the standard of care or maltreatment of the child are made and depending on the nature of the allegations, the incident will be dealt with either formally or informally.

Allegations

The NTFC Manual defines concerns into two broad categories based on the seriousness of the complaint or allegations. These are:

- standard of care concerns
- maltreatment concerns.

Both of these categories may be reportable incidents: events which require specific attention above and beyond general casework activity. Guidance for staff is provided on whether an incident is ‘reportable’ and the process for notifying and assessing incidents is also included. Concerns relating to harm of a child are dealt with according to standardised child protection investigation procedures. Investigation and management of reportable incidents are dealt with internally in the NTFC system and by senior officers when serious allegations about a caseworker or carer are made. Matters with a criminal element are referred to the Police. There may be a joint investigation with police and NTFC depending on the allegations.

NTFC has an internal process for reporting and monitoring serious breaches but to improve accountability and transparency, the Inquiry recommends that serious breaches should be monitored by a body external to the DHF.

Recommendation 9.40

That an independent body is auspiced to review investigations into allegations of ‘abuse in care’ undertaken by the Department of Health and Families. The Office of the Children’s Commissioner would be an appropriate body to take on this role.

Urgency: Within 18 months

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Transition from care

The Inquiry recognises the major role played by NTFC in the transition from care process and also the supportive role of other government departments such as the Department of Education and Training and the Department of Housing, Local Government and Regional Services. The Inquiry agrees with the directions put forward in the CREATE Foundation’s recent Report Card\(^{837}\) and urges NTFC to continue to implement its recommendations. Research with young people exiting the care system shows that they are more likely to be undereducated, to have not completed high school, to be unemployed or underemployed and earning lower wages, to have had children at a younger age, to be involved in the criminal justice system, to be living in unstable housing arrangements, to be dependent on social welfare benefits, to be experiencing mental health problems and to not be able to afford adequate medical care.\(^{838}\)

We also know that there is a strong correlation between the number of placements a young person has and their perceived emotional security. This in turn is related to both their stability in care and their continuity in accommodation when they move out of state care. While stability in care by itself is important, Cashmore and Paxton\(^{839}\) note it is how the young person experiences stability that is the determining factor in how well they do after being in care. They emphasise that young people who fare best as adults have at least one lasting and significant relationship with one or two of the families with whom they had lived.

The issue then is twofold: how to ensure stability in care and how to translate stability into a sense of security and belonging so that young people leaving care have a safety net of supports around them that they can trust and are willing and able to access.\(^{840}\)

Young people require a range of supports and services including a stable and supportive living environment with a positive attitude to education, maintenance of links either with family members, or with community supports, a planned, flexible and self-determining process for moving to independence and ongoing support as required.\(^{841}\) All states and territories have identified this group as one that requires specific services in order to make the transition to independent living and for aftercare support during a period following leaving care.\(^{842}\)

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840 ibid., p.238.
841 Mendes & Moslehuddin, ‘Moving out from the state parental home: A comparison of leaving care policies in Victoria and New South Wales’.
In the Northern Territory, the Act (Section 71)

...requires that a young person’s case plan must be modified prior to them leaving care. This process and planning for the young person’s transition from care should commence by the age of fifteen and be regularly reviewed through the case plan review process every six months in accordance with the legislation.843

The NTFC policy provides practice principles and guidelines for staff to assist young people through the leaving care process and includes health, employment, education and training, financial issues and accommodation. Information about the Transition to Independent Living Allowance is also provided. NTFC also offers an After Care Service, for up to six months after leaving care, in recognition that young people require different types and levels of care after they have left formal care.

The Create Foundation recognises that special attention is needed for Aboriginal young people which some jurisdictions have addressed by developing relationships with Aboriginal agencies.844 However, as there is only one Aboriginal agency, in Alice Springs, providing OOHC services, better ways of meeting the needs of all young people are required.

This process should start well before the young person is to leave the care of the CEO and should start building bridges to support systems after they have left care.845

The leaving care process is rarely structured and young people leaving care are rarely if ever supported – even when they have sought help.846

As suggested by the Australian Children’s Commissioners and Guardians group847 a mentoring model could be adopted where each young person is personally guided and assisted to negotiate the education, training, health and support service networks. Often young people will have people in their lives who could take on this role and if not they could be linked to volunteers in the community in a similar way to the Big Sister and Big Brother program.

The Inquiry was told that NTFC is unable to meet the after care requirements in the Act for all children leaving care, particularly the requirement around the development of leaving care plans. It understands that NTFC has recently created an after care program to address these issues. The After Care Service currently being developed could, in time, be ably managed by a NGO as it is in some other jurisdictions. Given the small number of care leavers involved and the fact that they live across the Northern Territory, it would be best for at least two agencies, or an agency that operates in Central Australia and the Top End, to take on this service which would include the mentoring service. The After Care Service would not be a large service and would therefore be best situated in an agency offering other OOHC services or government services.

844 McDowall, CREATE report card 2009: Transitioning from care.
845 Submission: Tangentyere Council.
846 Hearing: Witness 32.
847 Australian Children’s Commissioners and Guardians, ‘Response to: National Standards for Out of Home Care Consultation Paper’.
**Recommendation 9.41**
That the newly developed transition from care policy be implemented consistently with respect to all young people leaving care and a formal reporting program on After Care Services, and compliance with legislation and policy be developed.
Urgency: Within 18 months

**Recommendation 9.42**
That transition plans be developed jointly with the young person, their case manager and the relevant out of home care staff member.
Urgency: Within 18 months

**Recommendation 9.43**
That specific training for all out of home care staff be made available to ensure best practice in transition from care.
Urgency: Within 18 months

**Recommendation 9.44**
That the After Care Service including a mentoring scheme be moved, when appropriate, to the non government sector.
Urgency: Within 2-3 years

**Outsourcing OOHC**
The development of partnerships between government, non-government providers and private contractors for the delivery of community services has steadily grown over the past twenty five years and many jurisdictions are rapidly expanding this activity. There are varied views about whether and if so, how, OOHC should be outsourced.

For non government agencies there are inherent risks in becoming involved in a contractual relationship with government as a provider of a service such as OOHC. Some of these risks are noted by Shergold:

- Purchase of service contracting may undermine the advocacy role of the non government agency
Contracting to government may refocus the mission of the organisation and may divert it from its original core purpose. Related to this is the risk that an organisation may be encouraged to expand beyond its capability.

There is a heavy cost associated with complying with contractual obligations and reporting requirements which may burden the administrative capacity of the organisation.

Government agencies focus on contractual rather than relational governance and with that comes a risk that non-government organisations will come to see performance management as a response to external accountability rather than a driver of their mission.

The Productivity Commission also states that governments regard delivery of services by non-government organisations to be advantageous because they:

- provide flexibility in service delivery
- are better able to package the service with other services for the target client group
- give value for money
- are representative of the clients the program is targeting
- have a comparative advantage in delivering human services where the motivation to address disadvantage and knowledge of client needs are needed.

Some of the limitations associated with contracting OOHC services to NGOs were identified in two recent reports into child protection: the Wood Report in NSW and the Ombudsman’s Report in Victoria. Issues such as the following were highlighted:

- There is a complexity of marrying a partnership approach with the role of regulator to ensure a strong system of regulation and quality assurance for the OOHC system
- There are higher policy implementation risks when the statutory department does not directly manage OOHC
- NGOs can lack economies of scale, efficient and effective infrastructure, management systems or suitably qualified personnel
- Some objectives of NGOs may differ from those of the government and different services may be provided than contracted in situations where it is difficult to monitor outputs or outcomes.

On the other hand, it should be noted that the NSW Children’s Guardian in reporting on her review of compliance with quality standards in OOHC in that state, observed

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849 ibid.
850 Wood, Special Commission of Inquiry into child protection services in NSW; Ombudsman Victoria, Own motion investigation into child protection - out of home care.
851 Ombudsman Victoria, Own motion investigation into child protection - out of home care.
852 ibid.
853 Wood, Special Commission of Inquiry into child protection services in NSW.
854 ibid.
that NGO service providers were ahead of government services on most of the quality indicators examined – this includes ‘more informed and comprehensive case support’ and, a generally higher level of compliance with quality indicators.\textsuperscript{855}

Although there are tensions, a major advantage of outsourcing OOHC is that it shifts responsibility and services away from the crisis driven and forensic approach of child protection. Overall, there is a prevailing view in the literature that non government agencies are better at providing care to children and young people. NSW outsources about 30 percent of its foster-care work to non-government agencies that are responsible for the placement of children in care, training of carers, and their supervision. The Special Commission of Inquiry into Child Protection Services in NSW recommended that this percentage be increased.\textsuperscript{856} The Boston Consulting Group\textsuperscript{857}, in its analysis of OOHC options for NSW, supports this suggestion and recommends that service provision should be opened up to interstate providers: a point worthy of consideration for the Northern Territory given the small pool of NGOs with experience in OOHC.

Some of the OOHC functions provided by non-government agencies in other jurisdictions include:

- foster and kinship carer recruitment
- foster care and kinship carer assessment, training and support
- placement of children into OOHC options
- managing residential care or small group homes providing care for children with different levels of need, including specialist or therapeutic services.
- case management of children in OOHC although most jurisdictions maintain responsibility for complex and high needs children and young people due to the level of risk involved.

Australian jurisdictions have different approaches to outsourcing or are at various stages on the continuum. In the Northern Territory contracting out is limited although it is developing. DHF provides OOHC services and at the same time provides funds to a few NGOs, monitoring these through service agreements. The Inquiry was informed that DHF is engaging in discussions with the non-government sector about their potential role in the provision of child protection services including OOHC services. The Department is aware of many of the issues that need to be addressed and includes in this its responsibility to support and invest in the non government sector in areas such as governance, management, administration, policy development and workforce planning.

It is clear that outsourcing is not without risks but also that it has clear advantages. In being expanded in the Northern Territory, this will need careful planning to ensure that the problems experienced by NTFC in delivering OOHC are not simply outsourced to NGOs. Particular attention will need to be paid to the following:

- there are very few NGOs in the Northern Territory with experience in OOHC services


\textsuperscript{856} Wood, Special Commission of Inquiry into child protection services in NSW.

\textsuperscript{857} The Boston Consulting Group, NSW Government out of home care review: Comparative and historical analysis.
• the capacity of most non government services is limited due to their size and experience
• the development of systems for regulation and licensing to ensure quality and accountability of service providers
• creative solutions to providing OOHC services to remote areas
• the challenge of building a partnership between NGOs and NTFC rather than simply a contract management arrangement.

Recommendation 9.45
That the Northern Territory Government makes a clear policy commitment to the progressive implementation of the outsourcing of significant elements of the out of home care program.
Urgency: Immediate to less than 6 months

Recommendation 9.46
That Northern Territory Families and Children develops a plan which determines which parts of the out of home care system would benefit from outsourcing, what type of organisations will provide services (e.g. non-government agencies, private organisations or companies), mechanisms for regulation and monitoring of services, risk-management strategies, how funding levels for services will be determined etc.
Urgency: Immediate to less than 6 months

Recommendation 9.47
That given the rapidly increasing costs associated with the placement of children in fee for service placements and the varying levels of placement oversight that are entailed, the plan around outsourcing needs to include a strategy (with targets and timelines) to shift the current fee for service arrangements to negotiated grant-based service agreements with approved providers.
Urgency: Immediate to less than 6 months